



NAMI Wake County
PO Box 12562
Raleigh, NC 27605-2562

919-848-4490:
thadley@nami-wake.org
www.nami-wake.org

You can also join and donate to NAMI Wake County on the internet at www.nami-wake.org.

I understand that by becoming a member of my local NAMI affiliate, I automatically become a member of NAMI North Carolina and NAMI National. I also understand that membership information will be provided to both NAMI North Carolina and NAMI National.

Dr./Mr./Mrs./Other: _____ Primary Member name: _____

Address _____

City _____ County _____ State _____ Zip code _____ - _____

Work phone _____ Home phone _____

Cell phone: _____ E-mail _____

I will automatically become a member of a local NAMI serving my area unless I specify which Affiliate I would like to join: _____

I want an **Individual/Family Membership** for one or more family members from my household.
This level of dues is \$35.00 \$ _____

Other members in the house: _____
please list name and relation to primary member

Total number of members served by this Family Membership: _____

I want an **Open Door Membership** for consumers, individuals and families with limited incomes.
This level of dues is \$3.00 or whatever you can afford \$ _____

I want a **Professional Membership** for providers of mental health care.
This level of dues is \$35.00. \$ _____

Total \$ _____

Make checks payable to NAMI Wake County and mail to the above address.

Primary Member Relationship to Person with

Diagnosis

___ Adult child of consumer

___ Consumer

___ Parent of adult

___ Parent of child under 18

___ M. H. Professional

___ Sibling

___ Spouse

___ Friend / Other _____

___ Consumer is a veteran

Ethnicity

___ American Indian or Alaska Native

___ Asian American

___ Black or African American

___ Hispanic or Latino

___ Multiracial

___ Native Hawaiian or Other Pacific ___ Islander

___ Other

___ White