



TODAY'S DATE: ____/____/____ (mm/dd/yyyy)

NAME _____

SPOUSE/PARTNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ - _____

TELEPHONE _____ CELL # _____ FAX# _____

E-MAIL _____ COUNTY _____

RELEASE OF INFORMATION:

Please send me NAMI mailings.

Please send my newsletter to my email address above.

Please do not release my name to the general membership.

RELATIONSHIP TO CONSUMER (those with a mental illness): ___None ___Self ___Adult Child
___Friend ___Parent w/child under 18 ___Sibling ___Parent of adult ___Partner ___Professional

ETHNICITY: (Check ONE) ___ African American ___ Asian/Pacific Islander ___ Hispanic
___ Native American ___ Caucasian ___ Other (_____)

JOINED THROUGH: ___Family to Family ___NAMI Basic's ___Peer to Peer ___NAMI Connections
___In Our Own Voice Presentation ___NAMI Support/Connections Group (for Family and/or Consumers)
___NAMI Provider Education Program ___Other (_____)

REFERRED BY: _____ (County) _____



Make Checks or Money orders payable to:

NAMI Southwestern Illinois
2100 Madison Ave., 4th Floor
Granite City, IL 62040-4701

PHONE: 618-798-9788
FAX: 866-332-5338
E-MAIL: info@namiswi.org
WEBSITE: http://namiswi.org

_____	New Membership
_____	Renewal Membership
_____	\$50.00 Professional Membership
_____	\$35.00 Individual/Family Membership
_____	\$3.00 Consumer Membership or Open Door Membership
\$ _____	Additional Tax deductible Donation