

NAMI CHATTANOOGA

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

NAME	
ADDRESS	
City, State, Zip Code	
HOME PHONE:	CELL PHONE:
EMAIL:	

May we share your information with other NAMI members: Yes _____ NO _____

Do you have any information or questions you would like to share or have someone call you about? Yes _____ No _____

We are glad that you are choosing to join us!

By joining NAMI your membership includes 3 levels, National, State and Local Affiliates.

Regular Membership: \$40.00 Per Year

Household Membership: \$60.00 Per Year

Open Door Membership: \$ 5.00 Per Year

(The Open Door membership is exclusive to those with serious financial barrier to paying full cost.)

Please make checks payable to: **NAMI Chattanooga**

MAIL TO:

NAMI Chattanooga

P. O. Box 1015

Harrison, TN 37341