

NAMI SOUTH BAY MEMBERSHIP APPLICATION

Please check your membership type:

_____ *Household: \$60.00 (multiple people at one address).

_____ Individual: \$40.00

_____ Open door: \$5.00 (open to anyone who is experiencing financial constraints)

Donation Amount (optional) _____

Total Enclosed _____ ;

Make check payable to and mail to NAMI South Bay, P.O. Box 5295, Torrance, CA 90510

*If there are multiple people at your address who wish to join NAMI, choose any of the following membership options: 1. A Household Membership, which covers all people at the address, or 2. An Individual or Open Door Membership for each person at the address, or 3. An Individual membership for one person at the address.

Name: _____ Phone (home): _____

Street: _____ Phone (other): _____

City, State, Zip _____ Date: _____

Email Address: _____

Additional names for Household Membership or multiple Individual/Open Door memberships:

Name: _____ Email Address: _____

Name: _____ Email Address: _____

The following information is optional and confidential. It will be forwarded to the NAMI National offices for statistical purposes only: Ethnic Group: _____

Relationship of ill person: _____ Diagnosis: _____

We are always in need of volunteers. A list of volunteer opportunities can be found on namisouthbay.com. To volunteer please call the NAMI office (310) 533-0705 or send an email to Paul Stansbury PStans5@aol.com, or talk to a board member at one of the meetings.