

NAMI Missouri Membership Application

Renewal **New Member**

Thank you for joining or renewing your commitment to NAMI Missouri and those we serve.

In addition to receiving state and national NAMI newsletters via mail, members will also receive informational emails about NAMI and related news and activities, including educational and support programs, medications/treatment, community services and advocacy opportunities. You may opt out of our email list at any time.

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Annual membership dues

\$ 60.00 Household

\$ 40.00 Individual

\$ 5.00 Open Door (limited income)

Dues \$ _____

Donation \$ _____

Total \$ _____

Please send form and payment to:

NAMI Missouri
3405 West Truman Boulevard, # 102
Jefferson City, MO 65109

For credit card payments:

Name on Card _____

Visa / Discover/ MasterCard # _____ Exp. Date ____ / ____

Billing Address: _____

Signature: _____

573-634-7727 | info@namimissouri.org | www.namimissouri.org

