



## Membership Form

*NAMI Denton County is a 501(c)(3) nonprofit organization. Annual dues include membership in NAMI Denton County, NAMI Texas, and NAMI. Thank you for your support!*

Today's Date: \_\_\_\_\_

Is this a New or Renewed Membership? New \_\_\_\_\_ Renewed \_\_\_\_\_

MEMBER NAME \_\_\_\_\_

(Add family members' names if this is a Household membership—see membership types below)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate your Membership Type:

*Regular* (\$40) \_\_\_\_\_ For one individual only

*Household* (\$60) \_\_\_\_\_ To include more than one family member living at the same address (each must be age 18 or older). For purpose of voting (e.g., for electing affiliate officers), a Household membership has one vote.

*Open Door* (for persons with limited income) (\$5) \_\_\_\_\_

If you would like to make a contribution to NAMI Denton County programs, please indicate Contribution Type. Your contribution is tax deductible.

\_\_\_ Advocate: \$50 \_\_\_ Champion: \$100 \_\_\_ Patron: \$300 \_\_\_ Other: \$\_\_\_\_\_

In Memory or Honor of: \_\_\_\_\_

Membership Amount \$ \_\_\_\_\_ + Additional Contribution \$ \_\_\_\_\_ =

Total Amount Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_

\_\_\_ I'd like to help by occasionally donating my time and skills to assist NAMI Denton County. Please call me or e-mail me.

\_\_\_ I wish to receive email news reminders, legislative alerts or other emailed/phone notifications from NAMI Denton County. (If you change this decision later, you may send a request to opt out of receiving notifications to [NAMI\\_Denton\\_County\\_News@namidenton.org](mailto:NAMI_Denton_County_News@namidenton.org)) or call (469) 248-8789 and leave a message.

**Make Checks Payable to: NAMI Denton County and mail with membership form to: NAMI Denton County, P.O. Box 294131, Lewisville TX 75029**