



Membership Application 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 _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Other Phone: _____

Email: _____

Please indicate your Membership Type:

Regular (\$35) _____

Open Door (for persons with limited income) (\$3) _____

Please indicate Contribution Type: Your contribution is tax deductible.

___ Advocate: \$50 ___ Champion: \$100 ___ Patron: \$300 ___ Benefactor: \$500

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 or email me.

___ I do not 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 begin receiving notifications to NAMI_Denton_County_News@namidenton.org)

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