



MEMBERSHIP FORM

Mailing address:

NAMI San Francisco Treasurer
1010 Gough
San Francisco CA 94109

(Please Print)

DATE _____
NAME _____
ADDRESS _____
CITY _____ ZIP _____
PHONE _____
E-MAIL _____

This is a:

- New Membership
- Renewal
- Address change

- Self Parent Sibling Spouse
- Adult Child Health Care Professional
- Other _____

Please check one:

- \$45 Individual or Family
- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership
- \$10 Consumer
- I cannot join NAMI San Francisco at this time, but I would like to receive Out of the Fog so I am enclosing a donation of \$_____ to help cover the cost of the newsletter.