



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

Dear NAMI Friends,

The past year has been a busy and productive year for NAMI San Francisco. Without a doubt, our biggest accomplishment has been the opening of our office and hiring of Barbara Redfield as our office manager. Barbara is in our office at 1010 Gough St twenty hours a week on Mondays and Fridays from 11 - 5:00 and Wednesdays from 2:00-5:00. She has been a fabulous addition. She is efficient, friendly and knowledgeable. Give her a call at 474-7310 ext. 437.

In February we had Kitty Dukakis as our monthly speaker. She filled the meeting room to capacity as she shared her personal story of major depression and the miracle of ect therapy.

In the spring we launched our new website. Our website is now current and loaded with useful information and links to other helpful sites and sources. Florence Fee and Tracy Cronin, our web mistress deserve special thanks.

In cooperation with the Behavioral Health Court we have hosted two trainings for In Our Own Voice, a program which helps consumers to become public speakers, telling their stories of struggle and recovery. San Francisco now has 9 consumers, who have completed the training.

In June we participated in the 3rd annual Bay Area Namiwalk. This walk is fun for everyone, it reduces stigma, and it is our single largest source of income. Last year we earned \$35,000 from the walk. This pays our expenses and has allowed us to expand. Ellie

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S.F. Paramedic Says Homeless People Burden Hospitals

By C. W. Nevius. Reprinted from the San Francisco Chronicle, Tuesday, December 18, 2007

Niels Tangherlini is willing to state the hard truths about San Francisco's street population. And he's doing it, even if it causes howls of protests from advocates for homeless people or from some city political leaders.

For example, Tangherlini strongly believes some severely mentally ill street people need "long-term, regular care. And if they don't want to accept that, we may have to impinge on their civil rights."

He also believes that, in some cases, just giving someone a room isn't the answer either.

"We hear that all the time," Tangherlini says. "'All they need is housing.' I don't want to get into a war with the advocates, but I strongly disagree. We get some of these guys into supportive housing and they can't handle it."

And most of all, Tangherlini thinks that the current system of support, where a 911 call sends an ambulance rushing out to treat someone who is likely to be a "chronic inebriant," is an ongoing disaster. Some of those who call clearly need medical care, but many are using the ambulance and the Fire Department as a personal taxi to the emergency room. He says it is stressing the system, the care providers and the city's financial well-being.

So who is Tangherlini, and how can he say these things?

On one hand, Tangherlini is a local success story. A paramedic with the Fire Department, Tangherlini went

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3rd Wednesday of each month
6:30 - 8:00 pm
1010 Gough St.
(between Eddy & Ellis)

The Monthly Meeting

January 16

Laurie Williams, our NAMI Walk director, is coming for a pep rally to kick off our Walk effort. This year's Walk will be on Saturday May 31, 2008 in Speedway Meadow, GGPark. We'll show the video of last year's walk and talk about sponsorship, forming teams, etc.

February

TBA

HAPPY NEW YEAR

New Genetic Markers Found For Schizophrenia

By Delthia Ricks, Reprinted from *Newsday*, Dec, 5, 2007

Long Island scientists have identified novel genes linked to schizophrenia by pinpointing the "genetic street" on which several snippets of DNA reside, a discovery that provides a new way of understanding a mental condition marked by hallucinations and delusions.

Now, the team of scientists, led by Dr. Todd Lencz, associate research director at Zucker Hillside Hospital in Glen Oaks, must find the precise street addresses of these new variants, which help explain a striking number of clinical variations doctors have long documented.

The new research suggests there are nine chromosomal markers that escalate risk for the disease and that these variants are contributed by both parents.

"What we found are chromosomal regions," Lencz said, "that delineate very small chunks of DNA, which are passed from both mother and father."

Chromosomes are the self-replicating strands of genes that are tucked in the nuclei of cells. They carry everyone's genetic dowry contributed by both parents at the moment of conception. Human cells generally contain 46.

Lencz and colleagues Drs. John Kane and Anil Malhotra found the chromosomal regions with the aid of an arcane mathematical formula. Now the hunt is on to find out what the new genetic find means.

"There's no question that the genetic architecture of schizophrenia is very complex, so we hope this will fill in one piece of the puzzle in a novel way," Lencz said. "There are certainly many genes that are implicated here."

Prevailing wisdom has long held that there are hundreds of genetic variants that can lead to schizophrenia. But surprisingly, Lencz and colleagues contend, if a person inherits identical copies of genes from any of the nine markers, risk escalates substantially.

The new finding is reported in the Proceedings of the National Academy of Sciences.

"What is most exciting is that the study implicates new genes for schizophrenia," said Dr. David Goldman, chief of the neurogenetics laboratory at the National Institutes of Health. "Now they have to trace down the genes that mediate this vulnerability."

Ferretting out the genetics of schizophrenia is important, Lencz said, because it can help lead to better treatments, especially as medicine moves inexorably toward the era of pharmacogenetics, medications that are prescribed based on one's genetic profile.

Currently, "no drug therapy works in all patients," Lencz said. "That's a struggle we all have," he said,

referring to doctors who treat the disorder. "Finding a drug that [works] is the real trick."

Schizophrenia is a heart-wrenching condition for families that witness a member overcome by a mental condition, usually at the peak of young adulthood.

Most people are diagnosed between the ages of 16 and 35, Lencz said, with most diagnoses occurring in the early 20s, just as young adults are about to strike out on their own.

"Many patients with schizophrenia have trouble regaining that successful trajectory," toward independence, Lencz said. Although many do achieve self-sufficiency, it is often not without struggle, he said.

October General Meeting Notes Antipsychotics And Weight Gain

By Suzanne Brady

As frequently discussed at NAMI San Francisco meetings, extreme weight gain is one of the most worrisome side effects of the newer antipsychotic medicines. Although until recently, drug companies have downplayed the connection between the newer, "atypical" antipsychotics and weight gain.

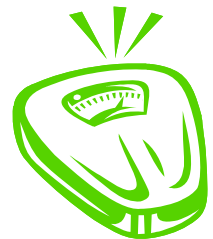
Dr. Rona Hu addressed these concerns at NAMI-SF's October 2007 General Meeting. Dr. Hu is the Medical Director of the Acute Psychiatric Inpatient Unit at Stanford Hospital and an Assistant Professor of Psychiatry at Stanford University.

Dr. Hu informed NAMI-SF that clozapine/clozaril and olanzapine/zyprexa (generic name/brand name) are the most likely atypical antipsychotics to cause weight gain. This information is based on a 2004 study conducted by four medical societies (American Diabetes Association, American Psychiatric Association, North American Association for the Study of Obesity, and American Association of Clinical Endocrinologists). She said these results were particularly meaningful because the medical societies had no vested interest in the study results.

That same study found risperidone/risperdal and quetiapine/serequel at the mid-range of risk for weight gain and that aripiprazole/abilify and ziprasidone/geodon were the lowest risk. The atypical antipsychotics appear to actually increase the drive to eat by effecting the brain's awareness that one has eaten enough.

Yet, Dr. Hu emphasized that this does not mean that

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back to school for a degree in social work, then pitched the city on his idea that, instead of an ambulance and fire truck, "what a lot of these people need is a van with a paramedic and a social worker."

Tangherlini got his van in 2004 and now works with thousands of people on the street, often with a social worker in the passenger seat next to him. He is pushing them into treatment programs, following up on people at risk, and - in what he thinks is his most worthwhile achievement - sometimes arriving at 911 calls in time to call off both the ambulance and fire rescue crew because he knows the callers well and can get them help without a trip to the overcrowded emergency room.

Sounds great, doesn't it? A Chronicle story in 2005 praised Tangherlini's efforts and noted that between March 2004 and August 2005, a relatively small group of people - just 362 individuals - accounted for 3,869 ambulance trips to the hospital. The story estimated that at roughly \$3,000 per pickup and visit to the ER, the cost to the city could be over \$11 million.

The bad news is, despite Tangherlini's undeniable good work, the system is still stretched to the breaking point.

On a visit to the emergency room at San Francisco General Hospital last week, staff nurse Judith Chavez walked up, unsolicited, to praise Tangherlini and the work he is doing.

But she then gestured around the crowded ER, where rolling beds with dozing patients lined the halls. Despite the efforts, "chronic inebriants" are still a huge problem.

"I see the abuse" of the emergency medical services, said Chavez, who estimated that on some nights, 70 percent of the beds are filled with chronic drinkers who are repeat visitors. "We don't have that much room here. We need to take care of the sick and wounded."

Spending a day with Tangherlini gives a sense of the scale of the problem. For example, during a nonstop day of calls, he visited a Sixth Street hotel where an extremely intoxicated occupant had already been placed in an ambulance. Tangherlini was familiar with the man, who lay on a stretcher in the back of the unit, awake but unresponsive.

"You know that you are at risk of losing this housing," Tangherlini said, looking into the man's eyes. "Does that worry you?"

There was no reaction.

"He's been telling me it is February of 1967," the ambulance technician said.

"What's his room look like?" Tangherlini asked.

"Like a glass recycler's dream," the tech said. "The floor is covered with Cisco's (a cheap fortified wine), 40s (cheap 40-ounce beer bottles), Royal Gate (vodka that sells for \$1.75 a pint.)"

"And he did all this in four days," Tangherlini said.

The man is a "frequent flier," the term used by public health officials all over the country for someone who routinely uses ambulance and ER services. Tangherlini says the man took 21 ambulance rides in the previous month and was just released from the hospital two days earlier.

"We've given him supportive housing," he says. "We've given him a caseworker. He's gotten both barrels of community-based care. It isn't working. This is the population that will break your emergency system. There is no more inefficient way to detox someone than to do it in the hospital."

In a perfect world, Tangherlini would like an expanded, well-funded, stand-alone detox center. A step in that direction is the Department of Public Health's "sobering center" on Fell Street, which was established in 2003. Chronic inebriants who are not facing a life-threatening condition can be taken there instead of to the emergency room.

Tangherlini is a regular at the sobering center. Last week, he was working with the sort of client he calls "a death mission alcoholic." The man, only 30, had been sober, doing well, even talking about getting a job.

But when he fell off the wagon, he fell hard. He's lost his housing and is drinking again, and Shannon Smith, a nurse at the sobering center, said that on the day we saw him, he was on the verge of an alcohol-induced seizure. Tangherlini and Smith knew the man well, and had obviously built up a bond of trust.

"They come in, they leave, and they come back in an ambulance," says Smith. "The problem is the days when Niels is off."

What the program could really use is more paid staffers with Tangherlini's qualifications. Four more would provide 24-hour service. Those who are out working the streets for a better San Francisco can't understand the bickering over policy.

"We've got to stop making this a battle line between the advocates and the providers," Tangherlini said. "As paramedics, we are the ones working with these people. And we are the ones declaring them dead in the gutter."

These days, Tangherlini says, he's averaging one death a week.

County Mental Health

The County mental health access line
for all consumers is
415-255-3737

The Mobile Crisis Unit is
415-355-8300

only clozapine/clozaril and olanzapine/zyprexa should be prescribed. The reality is that each person's biochemistry is unique and the effectiveness of each antipsychotic varies from person to person.

She told a story about one patient who responds well to clozaril, but it has caused her to gain weight. This patient insists on trying every new antipsychotic that is released but, so far, has found that only clozaril successfully treats her psychosis. When people taking antipsychotics do gain weight, they typically experience an initial significant weight gain which tends to plateau.

However, Dr. Hu explained that people taking atypical antipsychotics have to watch for both weight gain and metabolic syndrome-and the latter is more predictive of health problems than weight gain alone. Metabolic syndrome is diagnosed when you have three out of the following five symptoms: abdominal obesity (for men a waist of 40" or above and for women a waist of 35" or above); high blood pressure; diabetes or pre-diabetes; triglycerides over 150; and low HDL ("good") cholesterol.

If you meet the criteria for metabolic syndrome it increases your chances for heart disease, diabetes, and stroke. Studies have shown that a quarter of all Americans has metabolic syndrome. It is typically caused by hyper-caloric intake combined with a sedentary lifestyle. Exercising at least 30 minutes a day and eating well are the common solution. However, that may not be enough for people who have to take clozapine/clozaril or olanzapine/zyprexa to treat psychosis.

In addition to exercise and diet, Dr. Hu suggested that medications to lower blood pressure and cholesterol may also be a way to counteract the metabolic effects of antipsychotics. Yet, given the life-threatening situations and poor judgement that psychosis can lead to Dr. Hu believes the metabolic effects of atypical antipsychotic medications are preferable.

"I've had colleagues accuse me of prescribing a medication that will shorten my patient's life by ten years," Dr. Hu said. "My concern is that this patient might have an even shorter life if they walk in front of a bus while psychotic."

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your membership -
use the form on the back page!**

Atypical Antipsychotics: An Introduction

The first atypical antipsychotic-clozapine/clozaril (generic name/brand name)-was introduced in 1990. Other frequently prescribed atypical antipsychotics and the years they were approved by the Federal Drug Administration and became available in the United States are:

Generic Names/Brand Names - FDA Approval

Olanzapine/Zyprexa - 2000
Risperidone/Risperdal - 2003
Quetiapine/Seroquel - 2004
Ziprasidone/Geodon - 2006
Paliperidone/Invega - 2006.



Atypicals were developed to overcome the most serious side effect of the early, so called "typical" antipsychotics, tardive dyskinesia: involuntary chewing, tongue protusion, and grimacing facial movements. As Dr. Rona Hu explained, to doctors, tardive dyskinesia is a tolerable, i.e., non-life threatening side effect. However, it was also one of the leading causes of patients rejecting the medication.

Atypical antipsychotics reduce the risk for tardive dyskinesia compared with conventional drugs. However, weight gain is more common with some atypical drugs (especially clozapine/clozaril and olanzapine/zyprexa). Both conventional and atypical antipsychotics have been associated with diabetes, with most reports implicating both clozapine/clozaril and olanzapine/zyprexa.


Dr. Hu made these comments at NAMI-SF's October 2007 General Meeting. Dr. Hu is the Medical Director of the Acute Psychiatric Inpatient Unit at Stanford Hospital and an Assistant Professor of Psychiatry at Stanford University.

Remember to donate to the

Community Thrift Store

This is our *best source* of income
for the NAMI SF Chapter!!

625 Valencia Street at 17th Street
415-861-4910



Campaign on Childhood Mental Illness Succeeds at Being Provocative

By Joanne Kaufman, Reprinted from *The New York Times*, 12/14/07

We have your son. We will make sure he will no longer be able to care for himself or interact socially as long as he lives.

-- Autism

So reads one of the six "ransom notes" that make up a provocative public service campaign introduced this week by the New York University Child Study Center to raise awareness of what Dr. Harold S. Koplewicz, the center's founder and director, called "the silent public health epidemic of children's mental illness."

Produced pro bono by BBDO, an Omnicom agency that worked on two previous campaigns for the Child Study Center, the campaign features scrawled and typed communiqués as well as simulations of classic ransom notes, composed of words clipped from a newspaper.

In addition to autism, there are ominous threats concerning depression, obsessive-compulsive disorder, attention-deficit hyperactivity disorder, Asperger's syndrome and bulimia. The campaign's overarching theme is that 12 million children "are held hostage by a psychiatric disorder."

The public service announcements began running this week in *New York* magazine and *Newsweek* as well as on kiosks, billboards and construction sites around New York City.

"Children's mental disorders are truly the last great public health problem that has been left unaddressed," said Dr. Koplewicz, adding: "It's like with AIDS. Everyone needs to be concerned and informed."

In some quarters, however, the campaign has raised hackles as much as awareness. The Autistic Self Advocacy Network, a national grass-roots organization of children and adults, is circulating a petition asking the Child Study Center to end the campaign.

Kristina Chew, founder of the blog Autism Vox, which has a link to the petition, says that "the reaction has been mostly outrage from parents of special-needs children, autistic adults, teachers, disability rights advocates and mental health professionals."

"It's rallied them around one issue, and these aren't people who normally agree about treating autism," said Ms. Chew, who lives in Bernards Township, N.J., and has a 10-year-old son with autism. She says her blog attracts 3,000 to 4,000 visitors a day; traffic is up a third since the campaign was introduced, she said.

"It emphasizes a lot of negative aspects," she said. "To say that autism or bulimia has kidnapped a child suggests that these conditions are part of a criminal element. I'm not saying it's easy to have an autistic child, but it could be framed in a more positive way."

Vicki Forman, an adjunct professor of creative writing at the University of Southern California whose 7-year-old son is blind and nonverbal, learned about the campaign on Ms. Chew's blog and said it made her distraught. "The idea of an autistic person being held hostage is a very disturbing and backward image," she said. "Rather than promote public

awareness, this reinforces stereotypes -- that there is something damaged about the autistic person, something in need of a repair."

According to Dr. Koplewicz, the campaign was inspired by filmed conversations of parents and children talking about life with a psychiatric disorder. "These families felt their children were trapped by their disorders," he said.

John Osborn, the president and chief executive of BBDO New York, said the effort was intended to increase the sense of urgency about the diseases and encourage conversation. "It's tricky because there are a lot of messages in the air, particularly at holiday time. That makes it a challenge to cut through the clutter."

BBDO's earlier ads for the Child Study Center -- which included images of a child running happily through a sprinkler and a drawing of a child caught in a maze -- "were wonderful, but they didn't get this kind of attention from anyone," Dr. Koplewicz said. "They were too pleasant and innocuous. That's the reason we decided to go along with BBDO."

He was further emboldened, he said, by the reaction of focus groups of women whose children have the disorders mentioned in the ads. "Everyone who participated felt the ads were informative," he said. "While we knew the campaign was edgy and we knew it would be harsh and upsetting, the facts of mental illness are even more upsetting."

"I am disappointed. I thought the people we'd be arguing with are the people who believe psychiatric illness doesn't exist" or those who believe children are being overmedicated, he said.

"I thought we'd be fighting ignorance. I didn't think we'd be fighting adult patients or the parents of patients whose feelings have been hurt."

Susan Etlinger of San Francisco is one such parent, but she maintains that hers is "not the P.C. outcry of an offended parent."

"It's a legitimate claim that children with disabilities are vulnerable enough as it is," said Ms. Etlinger, whose 4-year-old son has mild autism. "I think we need to take special care that they're not further stigmatized. This campaign characterizes them as a series of symptoms rather than as the unique people they are."

Bennett L. Leventhal, a professor of psychiatry at the University of Illinois Medical Center in Chicago, said he understood the parents' dismay. "We live in a world where people are still defensive about having a psychiatric illness or having a child with psychiatric illnesses," he said. "But I think it's a very bold campaign. I think the ads speak to the point that these are real diseases and if you don't do something they can consume your child."

Dr. Koplewicz said he had not considered jettisoning the campaign, but there was some discussion about dropping its two most controversial components: the autism and Asperger's ads.

He decided to retain the ads after conferring with colleagues whose attitude, he said, "was that some people would be upset but that we should stick with it and ride out the storm."

"We're going to see how it goes in New York," Dr. Koplewicz said. "If it goes well, we're going to go to four other cities."

Support Groups



Family Members' Groups

African American Family Support

1st Thursdays, 5:30-7:30 pm at
1380 Howard St., Rm 537. Call Wanda at 255-3694

San Francisco Family Support Group

Tuesdays, 5:15-6:45 p.m. at SF General Hospital, 1001 Potrero St., Room 7M30. Info: Susanne at 415-558-5900

Sibling & Adult Children Network

Call Mary Gullekson at 474-7010 for information

Berkeley Sibling Support Group

Call Carolyn Defay at (510) 644-8579

Bilingual & Monolingual Support Groups

Chinese Families Mental Health Alliance. Ed Koo 352-2047

Consumer Self-Help Groups

Depression & Bipolar Support All. (formerly DMDA)

Saturday afternoons at 1:30-3:00 and
1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital,
900 Hyde St., 2nd Floor Conf. Room. Call 519-0171

OASIS (Office of Self Help)

1095 Market Street at 7th, Suite 202 (415) 575-1400

RECOVERY, Inc. for nervous ailments

(415) 333-6454 Community Miracles Center,
2269 Market Street (between Noe and Sanchez)

Consumers with Schizophrenia

3rd Wednesday of each month, 5:30 pm
1380 Howard St., 5th floor. Info: Susanne at 558-5900

Hoarding & Cluttering Support

2nd Monday and 4th Wednesday of each month.
Antonio (415) 421-2926 x306

Health and Wellness Action Advocacy

1st Thursday of each month, 1-3pm. Antonio at
(415) 421-2926, x306

Anxiety & Panic Self Help Group: John (650) 755-0883

Alcoholics Anonymous: San Fran: (415) 621-1326

Marin: (415) 499-0400 San Mateo: (650) 573-6811

Narcotics Anonymous SF Helpline: (415) 621-8600



NAMI-SF Support Groups

- 1) **For Caregivers and Friends Only**
1010 Gough
2nd Wednesday at 6:30
Contact Vickie at 661-5208
- 2) San Francisco General Hospital
7th Floor, Room 7 M 30
Tuesdays, 5:15 – 6:45 p.m.
Call Susanne Killing at 558-5900

DBSA

Depression and Bipolar Support

Alliance of San Francisco

(formerly San Francisco Depressive
and Manic Depressive Association)



Regular Support Group:

every Monday at 6:45-8:15pm and
every Saturday at 1:30-3:00pm.

Young Adults Support Group:

1st and 3rd Monday of each month at 6:45-
8:15pm for 18 to 25+ year old people.
Contact Harry at 650-430-2909 for information.

Friends And Family Support Group:

1st and 3rd Monday of each month at 6:45-
8:15pm. Contact Jane at 415-519-0171 or
Harry at 650-430-2909 for information.

Location:

2nd floor of St. Francis Hospital
900 Hyde St.

between Pine and Bush in San Francisco
Conference rooms B, C, and D

Meetings are on a drop in basis and are open to
peers, please note we do not allow observers. You
do not need to be a member to attend, however
memberships are \$20.00 a year and you are
encouraged to join and support the organization.

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.

Dear Friends from page 1

Shukert and Tom Purvis have been our stalwart representatives to the walk steering committee. Les Will has joined them in planning for the '08 Walk.

Since May we have been advocating for funding for inpatient psych beds at SFGH. In November, the beds, which had been cut were reinstated by a unanimous vote of the board of supervisors. Our advocacy is ongoing. We know that the city budget for 08-09 is asking all departments to make cuts. We will need to defend those hospital beds again, as well as for other outpatient services.

Our family -to-family classes continue with classes in the fall and the spring. Our class this fall was the largest ever with more than 20 students. We want to thank our teachers: Renee Deger, Adeline Wu-Ratner, Wanda Materre, LaVaughn King, and Vickie Evans.

Our phone volunteers continue to man our help line, and I want to thank them: Carla Villalba, Mary Vogt, Susan Bronstein, LaVaughn King, Eileen Lemus, Jackie Lewey, Wanda Materre and Dale Milfay.

Our board members contribute their time energy and ideas, and I want to thank them: Gif Boyce-Smith, Suzanne Brady, Vickie Evans, Florence Fee, Cara Hoepner, Wanda Materre, Dale Milfay, Tom Purvis, Ellie Shukert, Belinda Sifford and Carla Villalba.

I particularly want to thank Vickie Evans and John Anderson, who keep our monthly support meetings

going. Vickie has also provided hospitality for our monthly meetings, and has done so for more years than I can count.

Dale Milfay took over the planning of our monthly meetings, and she has provided outstanding programs, and will continue to do so for the coming year.

Renee Deger and Ruan Frenette produce our bulletin. They are as regular as clock work, have done this for years, and deserve special thanks.

In January I am stepping down after four years as president. During that time we've grown and changed a lot. Gif Boyce-Smith will be the new president. With his background in medicine and in business, Gif will be a great choice as president. Dale Milfay will continue as vice-president, and Barbara Redfield will be secretary. Under their leadership NAMI San Francisco will continue to grow and expand.



The SFGH CAB CLOTHING PROJECT



This program is a big help to consumers who are in need of clothes while they are at SF General Hospital.

Just call and they will pick up your donation or meet you at the front door of the hospital when you bring it in.

Please call Amelia Truman, 415-206-4465

Out of the Fog is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

NAMI San Francisco

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Please Join NAMI SF

NAMI-San Francisco is moving to a system where members renew in their anniversary months, but many of you are on the calendar-year system.

Please let us count you. There is power in numbers. We need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings and the Family-to-Family Education Course, an invaluable resource for people who love someone with a mental illness.

Checks may be made out to "NAMI San Francisco"

Please mail to:

NAMI-San Francisco Treasurer
1010 Gough St.
San Francisco, CA 94109

NAME _____

(Please Print)

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

This is a: •New Membership •Renewal •Address change

What is your relationship to a person with a mental illness?

•self • parent • sibling • spouse • health care/professional
Other _____

Please Check One:

- \$10 Consumer
- \$45 Individual or Family Membership
- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive ***Out of the Fog*** or **I am enclosing a donation of \$ _____ to help cover the cost of *Out of the Fog*.**

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