

NAMI of LAKE COUNTY MEMBERSHIP APPLICATION

Please enroll me as a member of NAMI of Lake County.

Name: _____
Spouse/Significant Other: _____
E-Mail Address: _____
Address: _____
City: _____ State: ___ Zip Code: _____
Telephone: (____) _____

Relationship To Consumer (check one):

Self Parent of Adult Spouse Adult Child Other Relative
 Friend Parent of Child Sibling Professional

Type of Membership (check one):

Consumer \$5.00 General Member \$35.00 Supporting \$100.00

NOTE – This membership includes your membership in NAMI National and NAMI Illinois.
(Contributions are tax deductible to the extent provided by law.)

Dues \$ _____
Donation* \$ _____
Total Contribution \$ _____

*NAMI of Lake County qualifies as a recipient for matching funds.

Where did you hear about us? _____

Ethnicity (check one):

African American Hispanic Caucasian Asian
 Native American Other Rather Not Answer

Please mail this form and check to:

**NAMI of Lake County
P.O. Box 6356
Libertyville, IL 60048-6356
Attention: Membership**