



National Alliance on Mental Illness

P.O. Box 7042, Redlands, CA 92375

San Bernardino Area

www.namisb.org

namisbv@gmail.com

Membership Application or Renewal

Date: _____

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ email: _____

Enclosed are my dues for either: (please check the appropriate boxes)

Annual Individual Membership: \$ 40. or Annual Household Membership: \$60.

I am a new NAMI member I am renewing my NAMI membership

I have made an Additional Donation of: _____

Total enclosed: _____

NAMI San Bernardino Area is an affiliate section of the National Alliance on Mental Illness. When you join NAMI San Bernardino Area you also become a one-year member of: NAMI and NAMI CA, A portion of each membership dues received goes to support our National and State organizations: NAMI, and NAMI CA.

Please mail this application and check payable to:

NAMI San Bernardino Area

P.O. Box 7042

Redlands, CA 92375

For Information on our support group meetings, please visit our website at www.namisb.org, or email us at namisbv@gmail.com

Thank you for supporting NAMI San Bernardino Area.