

## Membership Application or Renewal

Please check one: New Member:  Existing Membership Renewal:

Date: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- \$5 Open Door (for low income)
- \$45 Individual
- \$60 Household (for individuals at same address)

Names of individuals covered under Household:

\_\_\_\_\_  
\_\_\_\_\_

Additional Donation: \_\_\_\_\_ Total enclosed: \_\_\_\_\_ Check  Cash

Note: When you pay your membership dues to NAMI San Bernardino you become a one-year member of NAMI National, NAMI CA State, as well as being a member of NAMI San Bernardino Area. NAMI San Bernardino Area sends a portion of your dues to NAMI National and to 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](http://www.namisb.org), email us at [membership@namisb.org](mailto:membership@namisb.org) or call us at (909)-654-4134.

Thank you for becoming a member of NAMI San Bernardino!