

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, email us at membership@namisb.org or call us at (909)-654-4134.

Thank you for becoming a member of NAMI San Bernardino!

President: Allie Mink, **Vice President:** Donia Brooks, **Secretary:** Charlene Hall, **Treasurer:** Wolfgang Hall