



National Alliance on Mental Illness
San Fernando Valley

National Alliance on Mental Illness – San Fernando Valley NAMI SFV 2010 Membership Form

This form can be used for new memberships, renewals or changes to existing information.

Your NAMI SFV membership provides: Printed and Electronic (e-) Newsletters, Expert Speaker Series, Books, DVDs and Videos in our NAMI SFV Lending Libraries at Speaker Meetings and Support Groups, Resource Lists and Referrals, Free Pamphlets, Free Classes, Support Groups, Volunteer and Training Opportunities and Special Events including NAMI WALKS. NAMI welcomes community members and mental health professionals who may benefit from our programs. Your membership connects you to a vital community of people who care. We know, we've been there, and we're here to help improve the lives of individuals and families living with mental illness.

PLEASE PRINT OR TYPE.

STATUS

New Member Renewal Change in information

TYPE OF MEMBERSHIP & FEE ASSOCIATED

- 3-Way Membership** **\$35.00**
Includes local NAMI SFV, State (NAMI CA) and National (NAMI) Membership. And includes our informative local NAMI-SFV newsletter, state and national newsletters, and invitations to state and national conferences.
- Benefactor Membership** **\$50.00 - \$99.00**
 Patron Membership **\$100.00 +**
Your support provides all benefits of membership and funds NAMI SFV programs and services.
- NAMI SFV Membership** **\$15.00**
This membership supports our local NAMI SFV affiliate and includes NAMI newsletters.
- Low Income Membership** **\$1.00 – 0.00**
This membership is provided to our community members and mental health consumers who live on fixed income, SSI/SSDI and can afford little or no membership dues. All are welcome as NAMI SFV members.

MEMBER INFO

Amount Enclosed \$ _____

Name _____ Title/Company _____

Mailing Address _____ work home

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____ Email _____ Cell # _____

RELATIONSHIP TO MENTAL ILLNESS

Check all that apply:

- Adult Child Minor Child Parent Self Sibling Spouse / Partner / Significant Other
 Other family member _____ Mental Health Professional
 None, no direct connection to mental illness, I'm a concerned community member

In addition to membership, I'd like to volunteer, contact me with information and opportunities

Want us to receive a letter acknowledging your membership? If not, please check here: ___ No, thank you.

Mail completed form and payment to: NAMI SFV, 14545 Sherman Circle, Van Nuys, CA 91405

Contact us at: mail@namisfv.org - or Call 818-994-6747