



**NAMI**

San  
Fernando  
Valley

National Alliance on Mental Illness

**NAMI SFV 2012 Membership Form**

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**

New Member       Renewal       Change in information      Date \_\_\_\_\_

**TYPE OF MEMBERSHIP & FEE ASSOCIATED**

- \_\_\_\_\_ **3-Way Membership** **\$35.00**  
Includes local NAMI SFV, State (NAMI CA) and NAMI National Memberships and 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**

**Total Amount Enclosed \$** \_\_\_\_\_

Name \_\_\_\_\_ Title/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_  work  home

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

**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, we have many opportunities to become involved as a volunteer. You can help. Find out how. Contact us by phone or email to connect with current Opportunities. **818-994-6747 / [volunteer@namisfv.org](mailto:volunteer@namisfv.org)**

**Mail completed form and payment to: NAMI SFV, 14545 Sherman Circle, Van Nuys, CA 91405**  
**If you prefer to use a credit card please go to [www.namisfv.org](http://www.namisfv.org) and click on "Become a Member"**

**Contact us at: [mail@namisfv.org](mailto:mail@namisfv.org) - or Call 818-994-6747**  
**Visit us online at [www.namisfv.org](http://www.namisfv.org)**