



MEMBERSHIP APPLICATION FORM

Name _____

Address _____

Phone _____ E-mail _____

Affiliation _____

Become a NAMI NJ State Supporter (Check one box):

- Individual Supporter\$35
- Professional Supporter\$50
- Organizational Supporter\$100
- Limited Income State Supporter(Whatever you can afford) \$ _____

Additional Donations \$ _____

Matching gift _____

Amount Enclosed \$ _____

Donations are tax deductible.

* * *

Mail this form and check payable to:

**NAMI NEW JERSEY
1562 Route 130
North Brunswick, NJ 08902**

* * *

**** Contact the NAMI NJ office for information on becoming a member of a local affiliate.***