

NAMI Glendale
National Alliance on Mental Illness
1540 E. Colorado St. Glendale, CA 91205

Name: _____ **Number in Family** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email:** _____

Please provide us with the following:

1. **Year of birth:** _____

2. **Ethnicity** AS – Asian AF – African/Black HL – Hispanic/Latino
HP – Hawaiian/Pacific Islander NA – Native American WH – White/Caucasian
OT – Other

3. **Relationship:** CO – Consumer PA – Parent of Consumer CH – Child of Consumer
SI – Sibling of Consumer SP – Spouse of Consumer GP – Grandparent, Uncle,
Aunt FR – Friend of Consumer PR – Professional OT – Other

4. **Names of additional members of household**
 - a. _____ **Relationship** _____
 - b. _____ **Relationship** _____
 - c. _____ **Relationship** _____

Membership

I am ____ a new member. I am ____ a renewing member.

- | | |
|---|--|
| ___ \$35 Individual / Family Annual | ___ \$15 Consumer Annual |
| ___ \$45 Professional | ___ \$15 Newsletter Only |
| ___ \$200 Sponsoring Annual | ___ \$2 Low Income (Must be receiving SSI / SDI) |
| ___ \$250 Organizational / Institutional Annual | |

Donation \$ _____

Please earmark as:

- | | |
|------------------------------|------------------------------|
| ___ Unrestricted | ___ Endowment |
| ___ Anti – Stigma Activities | ___ Information and Referral |
| ___ Children and Adolescent | ___ Older Adults |

Also may we contact you regarding . . .

- ___ Volunteer Opportunities
___ Planned Giving
___ My employer has a matching gift program.

Please make all checks payable to “NAMI Glendale”

Remit to: **N A M I Glendale**
1540 Colorado Blvd.
Glendale, CA 91205
Attention: Treasurer

Thank You For Your Generous Support!