

NAMI Denver

.... A Community Voice on Mental Illness

4141 E. Dickenson Pl.

Denver, CO 80222

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www.namidenver.org

- - - - - NAMI Membership Application - - - - -

Name: _____

Address: _____

Phone: () _____ Date _____

E-Mail:* _____

Yes! I want my newsletter emailed to me in an Adobe PDF format.

*Will be used only to notify you of legislation or other critical issue that requires immediate response and to email your newsletter if desired.

My check is enclosed for:

Three Level \$ 45

NAMI Denver Only \$ 20

Open Door* Three Level \$ 5

*Individuals/families/consumers with limited income are accepted through NAMI's Open Door Policy, ensuring that no consumer/family/friend is turned away.

Relationship to Person Living with Mental Illness:

- S=Self
- AC=Adult Child
- PA=Parent of Adult (over 18)
- PC=Parent of Child (under 18)
- SIB=Sibling
- SP=Spouse
- P=Professional
- F=Friend

Volunteer Opportunities

I would be interested in volunteering my time in the following ways:

- Board Member
- Committee Member (Specify area) _____
- Contact / Support
- Newsletter
- Newsletter / Correspondence Distribution
- Office Assistance
- Teaching (Family to Family, Education Program)
- Craft Fairs
- Fund Raising
- Annual CIT Recognition Event
- Legislative Advocacy
- Community Outreach
- Other (Specify area) _____

Please forward application and membership dues to the attention of:

NAMI Denver
4141 E. Dickenson Place
Denver CO 80222-6012