

# 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  
Mental Health Center of Denver  
4141 E. Dickenson Place  
Denver CO 80222-6012