



NAMI Westside LA - MEMBERSHIP APPLICATION **RENEW OR JOIN TODAY!**

Your Mailing and Contact Information:

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ COUNTY _____

STATE _____ ZIP CODE _____

PHONE _____ FAX _____

E-MAIL _____

INDIVIDUAL MEMBERSHIP
\$45.00 annual dues

FAMILY MEMBERSHIP
\$50.00 annual dues

PROFESSIONAL MEMBERSHIP
\$100.00 annual dues

ALL MEMBERSHIPS INCLUDE NEWSLETTER

NEWSLETTER ONLY
\$20.00 annual dues

I want to make a tax-deductible **donation** to NAMI Westside Los Angeles
Enclosed is my check/money order for \$ _____

Check Applicable:

CONSUMER FAMILY MEMBER FRIEND

MENTAL HEALTH PROFESSIONAL OTHER

Please make check payable to: **NAMI Westside Los Angeles**

Return your application to:

**NAMI Westside Los Angeles
Membership
P.O. Box 491216
Los Angeles, CA 90049**