NAMI Sacramento Membership Form

Please join us! Join others in your community dedicated to improving the lives of people with mental illness in the Sacramento area. Become part of our grassroots revolution and make a difference! Either detach and mail in the membership form below, or join online at www.namisacramento.org/membership. Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: _____ Address/City/Zip: _____

(circle one)
Home/Work/Cell Phone: _____ Email: _____ Ethnicity: _____

(check one)

Your relation to the consumer:
- ☐ I'm a consumer
- ☐ Family member
- ☐ Friend
- ☐ None, just interested

If you are the consumer's family member, please enter your family relation to the consumer:

_____

Ethnicity:
- ☐ Asian
- ☐ African/Black
- ☐ Hispanic/Latino
- ☐ Caucasian/White
- ☐ Other
- ☐ Decline to state

Membership type:
- ☐ Consumer, $17
- ☐ General, $40
- ☐ Additional donation

_____

If you are a consumer, please enter your primary diagnosis:
- ☐ ADHD
- ☐ Bipolar disorder
- ☐ Dual diagnosis
- ☐ Major depression
- ☐ OCD
- ☐ Panic disorder
- ☐ PTSD
- ☐ Schizophrenia
- ☐ Unknown
- ☐ Other
- ☐ Decline to state

Newsletter preference:
- ☐ Email
- ☐ Postal mail
- ☐ Both
- ☐ Don't send

You can help! Volunteer with NAMI Sacramento:
- ☐ Contact me about volunteer opportunities

Make checks payable to NAMI Sacramento. Mail to NAMI Sacramento Membership Chair, 3440 Viking Drive, Suite 116, Sacramento, CA 95827.