

**Membership Application**

New: \_\_\_\_\_ Renew: \_\_\_\_\_

**Renewal of Membership**

Check the NAMI Tulare County Newsletter address label to see when your membership expires. **Please renew two months in advance.** If you disagree with the expiration date, please contact us.

**Type of Membership**

Individual: \$40\_\_\_\_\_ \*Household: \$60\_\_\_\_\_ Open Door: \$5\_\_\_\_\_ (Disabled/Low Income)

Dues include membership for NAMI Tulare County, NAMI California, and NAMI National.

**Additional donation to NAMI Tulare County (NAMI TC):** \$ \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ (Optional)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

**\*List family members who live in your home *and* are part of the NAMI TC Household Membership:**

NAME	DATE OF BIRTH
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make checks payable to NAMI Tulare County and mail, with completed application, to:**

NAMI Tulare County  
P.O. Box 3655  
Visalia, CA 93278