

**MEMBERSHIP APPLICATION**

If renewing membership, please check your 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 our office.

New Membership: \_\_\_\_\_ Renewing Membership: \_\_\_\_\_

**Personal Information:**

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

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

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

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

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

**Type of Membership:**

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

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

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

**\*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