

NAMI-NYS Membership Application

Please select a membership type:

Individual/Family (\$25) Supporter (\$50) Sponsor (\$100)

Professional (\$40) Agency (\$75) Patron (\$500)

I wish to make a contribution to NAMI-NYS: (Includes complimentary subscription to NAMI-NYS News.)

Friend (\$25) Advocate (\$100) Philanthropist (\$1,000)

Supporting Friend (\$50) Benefactor (\$500) Champion (\$5,000)

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Phone: _____

*required E-mail: _____

Thank you for joining NAMI-NYS!

Please make your check payable to NAMI-NYS and mail to:

NAMI-NYS
262 Washington Avenue
Albany, NY 12210

*All contributions are tax-deductible, less the value of the newsletter.