



National Alliance on Mental Illness

# NAMI Orange County, NY



## Annual Membership: Join/Rejoin the National Alliance on Mental Illness

Sign me up for an Individual \$35 membership which will include membership in **all 3 levels of NAMI**: NAMI Orange County, NY (local affiliate), NAMI-NYS (State level) and NAMI (National level). If you have any questions, call 845-956-6264 or email [namiorangeny@warwick.net](mailto:namiorangeny@warwick.net). Contact Dhanu at 845-294-2749 if you wish to request instead the "Open Door" fee based on financial need. Students automatically qualify for the "Open Door" \$3.00 membership fee.

**New** members may join now with the understanding that the membership will extend for exactly one year from the processing date. Members who **renew** will always have their membership extend exactly *one year beyond their current expiration date*.

Member benefits include NAMI's flagship magazine, the *Advocate*, as well as NAMI's monthly e-newsletter *NAMI Now; eNews, CIT in Action, and Statehouse Spotlight* if you subscribe at: [www.nami.org/](http://www.nami.org/). NAMI conferences will be at a discounted rate. Members-only information on NAMI's website will be available to you. Monthly NAMI Orange meetings with guest speakers as well as email announcements pertaining to advocacy, education, self help groups, NYS legislative issues, etc. Members/non-members are encouraged to view our website at [namiorangeny.org](http://namiorangeny.org) for resources and local supports.

**You may join or rejoin all 3 levels online (the preferred method) through the NAMI website <http://www.nami.org>.** Your membership information may be viewed and/or edited by you at any time on this web site.

**Or, if you prefer, you may send a check made out to NAMI-AMICO, Inc.** with this form to:  
**NAMI Orange County, NY P.O. Box, 637 Middletown, NY 10940**

\*Using either of the above described methods, you will have joined or rejoined all three levels

Member Name: **(ONE name only)**

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**I have enclosed annual membership dues: \$35.00      Date: \_\_\_\_\_**

**(optional) I have enclosed a contribution to NAMI Orange:    \$ \_\_\_\_\_**

**\*For Your Awareness: A donation made directly to NAMI Orange County, NY stays 100% with the affiliate; a donation made to NAMI or NAMI-NYS is divided equally between NAMI, NAMI- NYS and NAMI Orange County, NY.**