

NAMI Barrington Area  
PO Box 474  
Barrington, IL 60011-0474  
[www.NamiBa.org](http://www.NamiBa.org)



**Barrington  
Area**

### Membership Enrollment Form

Today's Date \_\_\_\_\_

Please enroll me as a new member: \_\_\_\_\_ **OR** Renew my Membership \_\_\_\_\_

\_\_\_\_ NAMI Barrington Area Household Membership\* \_\_\_\_\_ \$60.00

*OR*

\_\_\_\_ NAMI Barrington Area Regular (Individual) Membership \_\_\_\_\_ \$40.00

*OR*

\_\_\_\_ Open Door Membership (if you have financial hardship) \_\_\_\_\_ \$5.00

\_\_\_\_ Mail Additional Donation (any amount is appreciated) \$ \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

- Household membership includes all family members living in the same residence.

As a member of NAMI you will be enrolled in the National, State, and Local NAMI organizations, and will receive subscriptions to publications and emails from all three levels.

\_\_\_\_ Please check here if you do not wish to receive these e-mail items.

Name \_\_\_\_\_

Additional Household Names \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home or Cell Phone (\_\_\_\_\_) Business Phone (\_\_\_\_\_)

E-Mail Address (**please print**) \_\_\_\_\_

Please make checks payable to: **NAMI Barrington Area**

and mail to: NAMI Barrington Area

PO Box 474

Barrington, IL 60011-0474

\_\_\_\_ I am interested in becoming a volunteer. Please contact me at (phone) \_\_\_\_\_

between (time) \_\_\_\_\_