

# **NAMI OMAHA MEMBERSHIP APPLICATION**

- Individual Membership: \$35.00 annual dues
- Open Door Membership: \$3.00 annual dues, limited to low-income individuals
- I want to make a tax deductible donation to NAMI Omaha. Enclosed is my check/money order For \$\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## **OPTIONAL INFORMATION**

I AM A  Consumer  Family Member  Friend

Mental Health Professional  Other

I AM  African American  Asian  Hispanic  Native American

Caucasian  Military Veteran  Other: \_\_\_\_\_

I/we understand that by joining NAMI, our membership dues will be shared with my local affiliate, the state organization, and the national office

Please return this application to:

NAMI Nebraska  
415 South 25th Avenue, Bldg LH  
Omaha, NE 68131