

**NAMI Central Middlesex Annual Membership Application\***

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip code: \_\_\_\_\_

If joining for the first time, how did you hear about NAMI: \_\_\_\_\_

Do you prefer to receive our newsletter, *The Bridge*, via email or via US postal service:  email  US postal service

*\* Membership in NAMI Central Middlesex also includes membership in NAMI Massachusetts and NAMI, the national organization. You will receive publications from them, as well as The Bridge.*

**Check only one membership choice:**

Regular membership  New  Renewal \$ 35  
Open Door membership for people of limited means  New  Renewal \$ 3

Extra donation (thank you): \_\_\_\_\_

Total enclosed: \_\_\_\_\_

*\* Your membership helps support our NAMI programs.*

Please make check payable to:  
NAMI of Central Middlesex, PO Box 6243, Lincoln, MA 01773