

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 \$ 40

Household membership New Renewal \$ 60

Open Door membership for people of limited means New Renewal \$ 5

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