



Wichita Falls

Membership Application

OR Join on-line at: www.namiwichitafalls.org

When you join now, you become a member of your NAMI Affiliate, your NAMI State Organization and the national NAMI organization. Member benefits include NAMI's flagship magazine, the Advocate, as well as NAMI's monthly e-newsletter, NAMI Now, if you subscribe at: www.nami.org/subscribe. All members receive the same benefits. NAMI membership is valid for one year.

\*Yes, I want to: [ ] Join NAMI or [ ] Renew membership for one year (please check one)
\$ 35 Regular Membership
\$ 3 Open Door (economic hardship)
\$ Tax Deductible Donation - THANK YOU!

\*Member Last Name:
\*Member First Name: Middle:
\*Address:
\*City: \*State: \*Zip Code:
\*Phone: \*Email:

[ ] I would like to further contribute to NAMI WF by receiving communications electronically.

\*Payment Information: [ ] Check or [ ] Cash Enclosed
Credit Card Payment; Charge my: [ ] Visa [ ] Master Card [ ] American Express [ ] Discover
Name as it appears on Card: No:
Expiration Date: Validation Code: Signature:
(Three-digit code on the back and four digit code on front of card for AMEX)

Mail to: NAMI Wichita Falls
909 8th St., Ste. 400
Wichita Falls, TX 76301

For Office use only: [ ] Check [ ] Cash [ ] Credit Card Date:

\*Required Fields