



Membership Application

New

Renewal

I / We want to be a member of NAMI Kitsap County and support NAMI's mission.

NAME _____

VOTING MEMBER

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

Please check type of membership desired:

- \$40 Individual Membership (annual dues per member and one vote per member)
- \$60 Household Membership (annual dues per household and one vote per household) See NAMI.org for a detailed explanation of what constitutes a Household. i.e. All at same address.
- \$5 Open Door Membership (annual dues per member at reduced fee and one vote per member)
- I would like to request a reduction ____ or waiver ____ of dues.
- \$ _____ Donation in addition to membership fee

NAMI Kitsap County is a registered non-profit organization 501(c)(3); dues and donations may be tax deductible. Membership dues include membership to NAMI National, NAMI Washington and NAMI Kitsap County. You can join/renew online at www.nami.org or by mail.

Please make check payable to NAMI Kitsap County and mail to:

***NAMI Kitsap County
P.O. Box 2343
Bremerton, WA 98310***

Our Mission: The mission of NAMI Kitsap County is to improve the quality of life for individuals with severe mental illnesses and their families. We are dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

I / We would like to participate in affiliate activities in the following ways:

- Want access to information only.**
i.e., receive newsletter, be notified of education programs, receive timely information on new treatments and medications as well as changes in community services.
- Want information and support.**
i.e., would like to receive all of the above as well as participate in a local support group meeting.
- Want all of the above, AND would like to get involved in education, advocacy, or information-referral activities sponsored by the affiliate.**

Volunteer Opportunities

NAMI Kitsap County relies upon membership dues and donations to help fund support groups, Family-to-Family training, the library, education programs, and advocacy efforts. We rely entirely on volunteers to carry on our programs. Some of the many places where help is needed are listed below. Please indicate where you can help:

___ **Family-to-Family Class:** Teach or assist in this 12-week class for families.

___ **Newsletter:** Write short articles about your experiences, book reviews, etc.

___ **Phone Calls:** Call people about upcoming events or return calls to those in need.

___ **Committees:** Serve on a committee.

___ **Mental Health Meetings:** Attend a mental health meeting and give us a report.

___ **Annual Picnic**

___ **Annual Christmas Party**

___ **Hospitality (sending cards)**

___ **Fundraising**

___ **Display brochures and flyers on bulletin boards**

___ **Support Groups**

___ **Contacting Speakers**

___ **Review Library books:** Draft a review.

If you wish to volunteer:

My best days: _____

My best evenings: _____

Please tell us a little bit about yourself (for statistical use):

1. I am a consumer of mental health services,
 a mental health professional, other _____.
2. I am related to a consumer who is my spouse, sibling, parent,
 adult child, pre-adult child, other family member, friend.