



MEMBERSHIP APPLICATION NAMI LUZERNE-WYOMING COUNTIES PA

When you join, not only do you become a member of NAMI Luzerne-Wyoming Counties; you become a member of NAMI Keystone, our state organization, and the NAMI national organization.

You will receive NAMI's flagship magazine, *The Advocate*, as well as NAMI's monthly e-newsletter, *NAMI Now*, if you subscribe at: www.nami.org/subscribe

Please complete and mail back to address listed above.

Yes, I want to: (please check one)

- Join NAMI
- Renew membership for one year

Dues: _____

- \$60 Household
- \$40 Regular Membership
- \$5 Open Door

MEMBER INFORMATION

Title: Mr. Mrs. Ms. Dr.

Primary Members Last Name: _____

Primary Members First Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

- Cash Enclosed Check Enclosed Credit Card

If paying by Credit Card: Visa Mastercard American Express

Name as it appears on Card: _____

Account Number: _____

Expiration: _____ Validation Code: _____

Signature: _____