



National Alliance on Mental Illness

NAMI

**Sarasota and
Manatee Counties**

NAMI Membership Application

I wish to join NAMI Sarasota & Manatee Counties

_____ I would like to join as a new member.

_____ I would like to renew my annual membership.

Household membership dues (\$60 per year), membership includes all members of a household living at the same address.

Regular membership dues (\$40 per year), individual membership for one person.

Open Door membership dues (\$5 per year), individual membership for one person with limited financial resources.

Member Name(s): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please return this form and a check made payable to:

NAMI Sarasota and Manatee Counties

Address to mail form: 2911 Fruitville Rd., Sarasota, FL 34237

Contact us at (941) 444-3428 if you have any questions.