

 **NAMI** Charleston Area (SC)
National Alliance on Mental Illness

Application for Membership Includes membership to National NAMI organization, NAMI SC, and NAMI Charleston Area (SC).

Please make check payable to **NAMI Charleston Area (SC)** and mail to the address shown below. **If you prefer you may utilize the secure website at www.nami.org.**

Please check one of the following: Household \$60.00 Individual \$40.00 Open Door* \$5.00

*Annual membership fee for an individual with limited financial resources.

I am a: New Member Renewing Member

Name _____ Organization _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ Work Phone(_____) _____

Email Address _____

Enclosed is my check in the amount of \$ _____ Donation Amount: _____