



NAMI Kansas

National Alliance on Mental Illness

NAMI Kansas Membership Form

Kansas' Voice on Mental Illness

This is a membership renewal

Full Name: _____

Organization (if applicable) _____

Street Address: _____

City, State, Zip: _____

Local affiliate or support group*: _____

Telephone Numbers: _____

E-mail address: _____

- I have served in the military.
- I am a family member of an individual who has served in the military.

**Members will be registered with the local group that is closest to them absent any stated preference. Membership is for the local group, NAMI Kansas and NAMI.*

Annual Membership Dues

Household Membership \$60

Each household will receive one copy of mailings while individual household members will have access to online benefits, e-mail communications, and discounts. Provide names and e-mail addresses for additional household members on the reverse side of this form.

Individual Membership \$40

Individual memberships apply to one person.

Open Door Membership \$5 (low income)

No one will be denied membership for their inability to pay in full membership fees. The minimum dues payment is Open Door: \$5.00

Dues amount enclosed	\$ _____
Tax deductible donation enclosed	\$ _____
TOTAL ENCLOSED	\$ _____

Donations to NAMI Kansas are tax-deductible to the full extent of the law, as no goods or services have been exchanged.

Revised: August 9, 2018

In Our Own Voice

*"The presentations that NAMIKansas did for our staff and consumers featuring **In Our Own Voice** were powerful, impacting, and re-energizing. I would recommend the presentation for any group, community, provider, and consumer."*

--Walt Hill, Executive Director High Plains Mental Health Center, Hays

Family-to-Family

*"The main difference before and after we had NAMI was like night and day. It was through **Family-to-Family** that we got our information. Before that, we were blindfolded and we were trying to get our information in the dark.*

--Susan Reynolds

Empowerment

*"NAMI has changed my life. It has brought me in touch with others who have mental illnesses so I don't feel so alone. It gives me a way to advocate for myself and my peers. I want others to know there's a resource for them. **In Our Own Voice** has really been empowering for me.*

--Susan Haggard Topeka, KS

RETURN TO:

NAMI Kansas

P.O. Box 675

Topeka, KS 66601

(785) 233-0755

www.namikansas.org

info@namikansas.org