



Lorain County

NAMI Lorain County Membership Application Form (Includes membership to NAMI National and NAMI Ohio)

Name _____ Email _____

Address _____ City, State, Zip _____

Telephone _____ Cell No. _____

Annual Dues:

- _____ \$40 **Individual membership**
- _____ \$5 **Open door membership**
(Those with financial needs)
- _____ \$60 **Household Membership**
(Please list household members on the other side of this application)

() Check here if this is a renewal of your membership

Please enclose your check with this form or call at 440-233-8181. You may also go to our website to pay on-line at:
www.nami-lc.org.

Optional: The following information is for NAMI research purposes. Your name is kept confidential.

Relationship to Consumer (Please check all that apply)

Ethnicity (Please check one)

- Self
- Spouse
- Friend
- Adult child
- Parent of adult
- Professional
- Sibling
- Parent of minor
- Other

- African American
- Asian
- Native American
- Hispanic
- White
- Other

**Please make checks payable to: NAMI Lorain County
6125 S. Broadway / Lorain, OH 44053
440-233-8181**

Date received by NAMI - LC _____ for office use only.

Thank You for your support!

Household Membership Information

Please include the names of all those who are included in your household so we can count them as members also.

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____