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www.namior.org

Join Online at www.nami.org
Yes! I want to join NAMI in Oregon!

Date _____

Membership Type: \$40 Individual \$60 Household \$5 Open Door*

* Open Door membership is for those with financial need.

New Member Renewal Member Number (if known): _____

- Affiliate (check one):
- | | | |
|-------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Central Oregon | <input type="checkbox"/> Clackamas County | <input type="checkbox"/> Clatsop County |
| <input type="checkbox"/> Columbia County | <input type="checkbox"/> Coos County | <input type="checkbox"/> Douglas County |
| <input type="checkbox"/> Eastern Oregon | <input type="checkbox"/> Klamath County | <input type="checkbox"/> Lane County |
| <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Marion/Polk Counties | <input type="checkbox"/> Mid-Valley |
| <input type="checkbox"/> Multnomah County | <input type="checkbox"/> Southern Oregon | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Yamhill County | <input type="checkbox"/> Other _____ | |

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

Phone (circle home, work, cell): _____

**Mail this form and enclose a check to the address above.
Or enter credit card information below.**

Card Type: Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ Security Code: _____
on back of card

By Joining NAMI you join your voice with others striving to improve the lives of individuals living with mental illness and their families and loved ones through education, support and advocacy.

Add your voice to the chorus advocating for a better mental health care system!