



**MEMBERSHIP APPLICATION FORM  
FOR  
NAMI-NORTH COASTAL SAN DIEGO COUNTY**

P.O. Box 2235 - CARLSBAD, CA 92018 - (760) 722-3754

Our Mission is to inspire and support those with Brain Disorders and their families, to educate and inform the community, and to work to erase the stigma of brain disorders.

**2009 Membership Application**

**New or Renewal**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Have you attended Family to Family? \_\_\_\_\_

Have you attended Peer to Peer? \_\_\_\_\_

**Membership Dues and Donations**

\_\_\_\_\_ Family membership (\$50) provides membership in NAMI-NCSDC for individuals and/or family, and newsletters from local, state and national NAMI organizations. **Remember: \$10 goes to NAMI California and \$10 goes to NAMI national. The balance of \$30 is used for NAMI North Coastal programs and operating expenses.**

\_\_\_\_\_ Supporting (\$60-\$85)

\_\_\_\_\_ Professional (\$100)

\_\_\_\_\_ Sustaining (\$100, \$500, \$1,000)

\_\_\_\_\_ NAMI-NCSDC Newsletter only without membership (\$15)

\_\_\_\_\_ I am requesting a scholarship

NAMI-NCSDC is a 100% volunteer run organization and we need your help! Please consider how you might be able to help, and circle where you are interested.

Advocacy and Action  
Legislation  
Newsletter  
Public Education  
Hospitality  
Telephoning

Office Staff  
Publicity  
Outreach Children/Youth  
Client Outreach/Events  
Law Enforcement Liaison  
Family to Family Teacher

Fundraising  
Membership Programs  
Housing  
IOOV Presenter  
Peer to Peer Mentor  
Facilitate Support Group