2018 NAMI WASHINGTON COUNTY MEMBERSHIP

	Name		
	Address		
	City	State	Zip
	Email	Phone	
	Affiliate		
	the amount of \square \$10.00 \square \$20.	00 □\$30.00 □\$50.00 □\$100.00	to NAMI Washington County, Inc. in \$\preceq\$200.00 other \$\\tribution may be tax-deductible to the extent
need	member of NAMI, you will join forces your voice alongside our members to ty of life for people who have them.	with parents, spouses, siblings, frie advocate for better treatment of t	ends, and people with mental illnesses. We hese no-fault brain disorders and a better
6	By joining NAMI you will become a member of the National organization, State organization and the Affiliate in your area.		
6	You will receive an annual subscription to the National newsletter Advocate and NAMI Wisconsin's newsletter the IRIS. These newsletters feature cutting-edge articles about the latest research, treatments, and medications for mental illnesses; the status of major policy and legislation at the federal, state, and local levels. You will also receive our local newsletter from NAMI Washington County, Inc.		
6	A discount on the registration fee fo	or the National and State convention	ns.
•	NAMI. Regular and Open Door me	emberships will continue to apply o sehold) will be counted as one (1) n ehold	ousehold whose names are provided to only to one individual. For voting purposes nembership. If proceeding with household

Please make checks payable to NAMI Washington County, Inc.

Please complete this form and return it to:

NAMI Washington P.O. Box 1074 West Bend, WI 53095

If you have questions you may reach NAMI Washington @ 262-339-1235

You may also join online through www.nami.org