

## JOIN NAMI-TALLAHASSEE TODAY!

NAMI-Tallahassee is the local affiliate of the National Alliance on Mental Illness serving Leon and surrounding counties. We operate as a grassroots organization without staff or formal office space. Through our dues and fund-raising, we help support these programs.

As a member, you will join forces with people in over 1,000 affiliates who share the mission of empowering and uniting everyone affected by serious mental illness to improve their lives and advocate for better treatment and services. Dues revenue is distributed to NAMI National, NAMI Florida and NAMI-Tallahassee. Your membership will entitle you to:

- A voting membership in all three levels of the organization (local affiliate, state and national);
- Subscription to the NAMI magazine, *The Advocate*;
- Communications from NAMI Florida to keep you up to date about state and legislative issues ([www.nami.fl.org](http://www.nami.fl.org));
- Electronic updates via e-mail and/or website postings from NAMI-Tallahassee ([www.nami-tallahassee.org](http://www.nami-tallahassee.org)) to keep you informed about local affiliate meetings and educational programs;
- Discount on all NAMI publications and registration fees for the annual NAMI convention.

**Open Door memberships are available to individuals and families with limited resources.**

*A copy of the official registration and financial information may be obtained from the Florida Division of Consumer Services by calling toll free 1.800.435.7352. Registration does not imply endorsement, approval or recommendation by the State.*

NAMI-Tallahassee operates under an independent non-profit status, an option for all NAMI local affiliates – a copy of our *IRS Letter of Determination* is available on the affiliate's website at [www.nami-tallahassee.org](http://www.nami-tallahassee.org)

✂ *Clip and Mail*

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### **NAMI-Tallahassee Membership Registration and Donor Information:**

*Online payment is available through NAMI National at [www.nami.org](http://www.nami.org). Donations made at the national level are shared with the national, state & local organizations. Make checks payable to: NAMI Tallahassee, P.O. Box 14842, Tallahassee, FL 32317*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Check areas that apply:**

- I am interested in volunteer opportunities.  
 Please include me in electronic distributions.

#### **Membership Type (Check appropriate boxes)**

- Household/Family-\$60.00  
 Individual-\$40.00  
 Open Door-\*\$5.00 (*For individuals with limited resources*)  
 New Membership    Renewal

**Additional local contribution \$** \_\_\_\_\_

*If this is a memorial or in honor of an individual, please include the following :*

**Individual's Name:** \_\_\_\_\_

**Acknowledgement to** (*name & address*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_