

RENEWAL AND NEW MEMBER APPLICATION
NAMI Great Falls
2023 – 2024 MEMBERSHIP DUES

_____ **New member**

_____ **Renewal**

Participation and Information

- _____ I would like information and would like to participate in the local NAMI Great Falls meetings
- _____ I am interested in the NAMI Great Falls family support group
- _____ I am interested in the Peer Connections support group
- _____ I would like to participate in the NAMI-MT, NAMIWALK
September 2023 in Helena...
 - _____ as a Walker
 - _____ as a Virtual Walker
- _____ I would like to receive NAMI Montana and NAMI National webinar or seminar emails
- _____ I would like to receive NAMI Great Falls meetings minutes and upcoming events

By joining NAMI Great Falls, your membership dues will be shared with our local affiliate, state organization, and the national office.

MEMBERSHIP CATEGORIES:

Regular/Renewal Membership _____ \$40.00 single person

Household Membership _____ \$60.00 per family

Open Door Membership _____ \$5.00 single person with limited income

MAILING INFORMATION:

NAME _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ email (print clearly) _____

Please mail this form and your check payable to NAMI Great Falls to:
NAMI Great Falls
P.O. Box 1176
Great Falls, MT 59403

Thank you for supporting NAMI Great Falls, NAMI Montana and NAMI National