



I'm a member of NAMI VT because I believe in hope and recovery for al people affected by mental illness. NAMI VT works toward this goal with programs of support, education and advocacy. Won't you join me by becoming a member too? Every voice makes us stronger!

Membership includes your local affiliate, state and national NAMI. Members receive state and national news, discounts to NAMI events, access to members-only materials on www.nami.org and a vote. But most importantly, your membership shows that you believe that the 1 in 4 Vermonters who live with mental illness every year, their families, and our communities deserve free NAMI programs to help all of us on a path to recovery.

Sincerely,





Dear _____

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I Want to Join NAMI Vermont! I Want to Join NAMI Vermont! I Want to Join NAMI Vermont! Name Name Name Address Address Address City State Zip Code City City State Zip Code State Zip Code Phone Phone Phone E-mail Address E-mail Address E-mail Address Sign me up as: Sign me up as: Sign me up as: Individual/Family \$ 35.00 ☐ Individual/Family \$ 35.00 ☐ Individual/Family \$ 35.00 ☐ 'Open Door' member 'Open Door' member ☐ 'Open Door' member 3.00 3.00 3.00 (limited income only) (limited income only) (limited income only) Please consider adding a donation to free NAMI Please consider adding a donation to free NAMI Please consider adding a donation to free NAMI programs with your membership. programs with your membership. programs with your membership. Additional donation Additional donation Additional donation **Total Enclosed Total Enclosed Total Enclosed** I would like to opt out of receiving e-mail alerts for I would like to opt out of receiving e-mail alerts for I would like to opt out of receiving e-mail alerts for upcoming advocacy and educational opportunities: \Box upcoming advocacy and educational opportunities: \Box upcoming advocacy and educational opportunities: \Box Payment Method: Payment Method: **Payment Method:** ☐ Check enclosed □ VISA ☐ Check enclosed □ VISA ☐ Check enclosed □ VISA (payable to NAMI Vermont) ☐ MasterCard (payable to NAMI Vermont) ☐ MasterCard (payable to NAMI Vermont) ☐ MasterCard ☐ American Express ☐ Discover ☐ American Express ☐ Discover ☐ American Express ☐ Discover Account # **Expiration Date** Account # **Expiration Date** Account # **Expiration Date** Name on Card Name on Card Name on Card Billing Address (if different from above) Billing Address (if different from above) Billing Address (if different from above) (the last 3 digits on the signature panel; CID # Am Ex (the last 3 digits on the signature panel; CID # Am Ex (the last 3 digits on the signature panel; CID # Am Ex cards the CID # is the 4 Digit # printed above the acct #.) cards the CID # is the 4 Digit # printed above the acct #.) cards the CID # is the 4 Digit # printed above the acct #.) Mail to: 600 Blair Park Rd, Suite 301, Williston VT 05495 Mail to: 600 Blair Park Rd, Suite 301, Williston VT 05495 Mail to: 600 Blair Park Rd, Suite 301, Williston VT 05495 Visit www.namivt.org to join online Visit www.namivt.org to join online Visit www.namivt.ora to join online

Thank You!

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