

Join the National Alliance on Mental Illness (NAMI)

Your dues include membership in NAMI National, NAMI Colorado and NAMI Boulder County. You will get the newsletters published by each of these organizations

- \$35 per year individual/family membership
- \$3 per year for people with a limited income
- I want to support NAMI Boulder County with a tax-deductible gift of \$ _____

Your membership dues and gifts will help provide support, education and advocacy for Boulder County individuals and families who are coping with serious mental illness.

Does your employer have a matching gifts program?

I am interested in:

- Learning about volunteer opportunities, either ongoing or one-time only
- Arranging for speaker or presentations on mental illness for my club, church, work or other group
- Helping with advocacy efforts by writing letters/making phone calls to my elected representatives

Name _____

Address _____

City, state, Zip code _____

Home phone _____

Alternate phone _____

Email address _____

Mail this form with your check to:

**NAMI Boulder County
1333 Iris Avenue
Boulder, CO 80304**

www.namibouldercounty.org

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