

**NAMI PA Dauphin County
Membership/Contribution Information**

I would like to join NAMI Dauphin County at the following annual membership level:

- _____ Individual Membership - \$40
- _____ Family Membership - \$60
(Covers all residents of same household)
- _____ Open Door Membership - \$5
(For Individuals with limited financial resources, a good will offering of \$5 is suggested but donor may give whatever able to or wish to give)
- _____ Professional Membership - \$75
- _____ VIP Membership - \$200

Name: _____

Affiliate: Dauphin County

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Phone: () _____

Email: _____

Please return this application and check to:

Dauphin County NAMI
Polyclinic Annex
2501 N. 3rd Street
Landis Building
Harrisburg, PA 17110
Or
PO Box 61313
Harrisburg, PA 17106