



MEMBERSHIP ENROLLMENT FORM

Includes membership in NAMI Sioux Falls, NAMI South Dakota, and NAMI National

NAME _____ New Member Renewal

SPOUSE/PARTNER'S NAME, IF APPLICABLE _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____ PHONE NUMBER _____

EMAIL _____ PERSON 2 EMAIL _____

Please send my NAMI South Dakota newsletter and other news/issues as they arise via email only.

I enclose membership dues for (choose one):

- Regular Membership = \$35.00 annually
 Open Door Membership (for persons with limited income—qualifies you for all the same benefits and rights) = \$3.00 annually

I enclose a donation to the efforts of NAMI SOUTH DAKOTA in the amount of: \$ _____

For listing in the NAMI SD state newsletter (optional), this gift is:

In Memory Of In Honor Of: _____

I enclose a donation to NAMI SIOUX FALLS in the amount of: \$ _____

For listing in the NAMI Sioux Falls newsletter (optional), this gift is:

In Memory Of In Honor Of: _____

TOTAL ENCLOSED: \$ _____ Cash Money Order Check # _____

MAIL TO: NAMI South Dakota, PO Box 88808, Sioux Falls, SD 57109
Questions? Please call our office at: (605) 271-1871

Or, for your convenience, you can pay online! Go to www.namisouthdakota.org and click Donate, or www.namisiouxfalls.org and click Support to donate directly to NAMI Sioux Falls.

NAMI SD & NAMI Sioux Falls are 501(c)(3) non-profit organizations. Donations are tax deductible to the extent allowed by law.

I want to become a member of the Consumer Council. Please contact me with more information. The Consumer Council, which serves as an advisory group to the NAMI South Dakota Board of Directors, is open to individuals who have a mental illness. There is no cost for NAMI members to participate.

Table with 2 rows: FOR OFFICE USE ONLY, Local Affiliate (QB, Bill, Letter, Roster, Email List, Deposit), Membership Term (360, Close eBatch, DS), Notify Aff, Pay Aff