



### MEMBERSHIP ENROLLMENT FORM

*Includes 1 year of membership in NAMI at the local, state, and national levels*

NAME \_\_\_\_\_  New Member  Renewal

MAILING ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please send my newsletter via email only  Please mail me a paper copy only  Please send both

**I enclose dues for (choose one):**

Household Membership = \$60.00 annually for up to 10 people living at the same address  
*Each person is considered a member of NAMI, but only one copy of the newsletter and Advocate magazine will be sent per household. Please list the full names of all household occupants wishing to join NAMI:*

\_\_\_\_\_  
\_\_\_\_\_

Individual Membership = \$40.00 annually for one person

Open Door Membership = \$5.00 annually for one person  
*This rate is offered for our members with low income or economic necessity. Open Door members have all the same rights and privileges of members who pay full dues. No proof of income is required.*

**I enclose an optional donation (choose one or both, if donating):**

To support the statewide efforts of NAMI South Dakota in the amount of: \$ \_\_\_\_\_  
*NAMI S.D. is a 501(c)(3) non-profit organization. Donations are tax deductible to the extent allowed by law.*

To support the efforts of my local NAMI affiliate in the amount of: \$ \_\_\_\_\_

My donation is (if applicable)  in Memory  in Honor of: \_\_\_\_\_

**TOTAL ENCLOSED:** dues + any donation(s): \$ \_\_\_\_\_  Check  Cash  Money Order

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

If you'd rather, you can become a member online! Go to [www.namisouthdakota.org](http://www.namisouthdakota.org)

**I'm interested in joining 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 living with mental health conditions. There is no cost for paid NAMI members to participate.*

**FOR OFFICE USE ONLY** AFFILIATE: \_\_\_\_\_ TERM: / / to / /  
Depo QB Save/File Inv 360 Bill DS Exp Date/Don/Int TY Letter Close eBatch Run/Send Reports to Aff/CC/Dir Pay Aff Scan