

# 2010 NAMI WISCONSIN MEMBERSHIP DUES SUMMARY FORM

Affiliate name \_\_\_\_\_ Counties covered: \_\_\_\_\_

Affiliate NAMI ID Number (found above address on the *Advocate*) \_\_\_\_\_

Does your affiliate utilize NAMI NET to pay national dues? \_\_\_\_ Yes \_\_\_\_ No

If no, please inform NAMI Wisconsin, Inc. if you start utilizing NAMI NET.

## STATE DUES

### *New members*

Full-rate members \_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_

Low Income members \_\_\_\_\_ x \$ 5.00 = \$ \_\_\_\_\_

Open door members \_\_\_\_\_ x \$ 1.00 = \$ \_\_\_\_\_

### *Renewing members*

Full-rate members \_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_

Low Income members \_\_\_\_\_ x \$ 5.00 = \$ \_\_\_\_\_

Open door members \_\_\_\_\_ x \$ 1.00 = \$ \_\_\_\_\_

Total New & Renewing State Members \_\_\_\_\_

## NATIONAL DUES

### *New members*

Full-rate members \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

Low Income members \_\_\_\_\_ x \$ 1.00 = \$ \_\_\_\_\_

Open door members \_\_\_\_\_ x \$ 1.00 = \$ \_\_\_\_\_

### *Renewing members*

Full-rate members \_\_\_\_\_ x \$ 10.00 = \$ \_\_\_\_\_

Low Income members \_\_\_\_\_ x \$ 1.00 = \$ \_\_\_\_\_

Open door members \_\_\_\_\_ x \$ 1.00 = \$ \_\_\_\_\_

Total New & Renewing National Members \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Name of Person Submitting Form \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

For NAMI Wisconsin office use only

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Check Number \_\_\_\_\_

Received By \_\_\_\_\_ Entered By \_\_\_\_\_