

# 2010 NAMI AFFILIATE RENEWAL/ADD FORM

Date \_\_\_\_\_ Affiliate # \_\_\_\_\_ Affiliate Name \_\_\_\_\_

Name of person submitting form \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Additional Member       Renewing Member

NAMI ID# \_\_\_\_\_

Prefix \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Spouse \_\_\_\_\_

Exp. Date \_\_\_\_\_

**Relation to Consumer (Please check one):**

- Consumer       Parent w/Child (under 18)  
 Friend       Parent of Adult  
 Sibling       Professional  
 Spouse

**Ethnicity (Please check one):**

- African American       Asian  
 Hispanic       Native American  
 White       Other

**Member joined through Family-to-Family**

**State Dues:**

- Regular Membership - \$15 per Year  
 Low Income Membership - \$5 per Year  
 Open Door Membership - \$1 per Year

**National Dues:**

- Regular Membership - \$10 per Year  
 Low Income Membership - \$1 per Year  
 Open Door Membership - \$1 per Year

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State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Spouse \_\_\_\_\_

Exp. Date \_\_\_\_\_

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Please return this completed form  
along with the dues summary form and appropriate dues to:  
NAMI Wisconsin, 4233 W. Beltline Hwy., Madison, WI 53711