



# Greater Houston

## Why join NAMI Greater Houston?

1. To sustain and expand our *free* education, support and advocacy-based programs and services.
2. To be counted among those who care for all persons affected by mental illness.
3. You will support our larger NAMI family: NAMI Texas and NAMI National.
4. Receive subscriptions to the NAMI Greater Houston, NAMI Texas and NAMI National's Newsletters.
5. Receive discounts to the annual NAMI National and NAMI Texas conventions, respectively.
6. Stay connected and informed about the latest in mental health news and upcoming NAMI events.
7. Access to mental health resources available to members only through the national website: [www.nami.org](http://www.nami.org).
8. Full voting rights for NAMI Greater Houston, NAMI Texas and NAMI National.
9. All dues and donations are 100% tax deductible.

(713) 970-4419 [www.namigreaterhouston.org](http://www.namigreaterhouston.org)



## Annual Membership Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_ (Renewals Only - New Address or Phone? Circle One - Yes or No)

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Would you like to receive our **monthly** e-newsletter?  YES  NO

How did you find NAMI Greater Houston? \_\_\_\_\_

Membership:  New Member  Renewal Member

- Individual (\$40.00) \$ \_\_\_\_\_
- Open Door (limited income) (\$5.00) \$ \_\_\_\_\_
- Household (\$60.00) \$ \_\_\_\_\_  
(list names of persons living in household)

Mail checks or money orders to:  
**NAMI Greater Houston**  
**9401 Southwest Frwy, Suite 1234**  
**Houston, TX 77074-1407**

- Additional Donation \$ \_\_\_\_\_
- Donation in Memory/Honor of: \$ \_\_\_\_\_

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

### Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> I am a consumer of mental health services.          | <input type="checkbox"/> I want to volunteer for NAMI Greater Houston  |
| <input type="checkbox"/> I am a parent of an adult who has a mental illness. | <input type="checkbox"/> I participated in past NAMIWalks              |
| <input type="checkbox"/> I have a minor child who has a mental illness       | <input type="checkbox"/> I want to volunteer for NAMIWalks             |
| <input type="checkbox"/> I have a family member who has a mental illness.    | <input type="checkbox"/> I want information on enrolling in a NAMI     |
| <input type="checkbox"/> I have a friend who has a mental illness.           | <input type="checkbox"/> education class: (Circle below)               |
| <input type="checkbox"/> I am a professional care provider                   | Family to Family / Peer to Peer / Basics / Homefront                   |
| <input type="checkbox"/> Other   | Great Minds Think Alike  |
| <input type="checkbox"/> I graduated from a NAMI education class             | <input type="checkbox"/> I want information on NAMI Support Groups     |
| Which one? _____   | <input type="checkbox"/> I need information on available mental health |
| <input type="checkbox"/> I have attended a NAMI support group                | and other community resources  |