



**NAMI**

**Greater Boston CAN**  
Consumer Advocacy/Affiliate Network

**Please complete the following form as completely as possible,  
including email address if you have one.**

- Regular Membership for Individuals and Families ----- \$35 ----- : \$ \_\_\_\_\_
  - "Open Door" - Low Income Membership ----- \$3 or more ----- : \$ \_\_\_\_\_
  - Friend of NAMI donation (any amount is welcome) please enter here ----- : \$ \_\_\_\_\_
  - I am renewing my membership ( # \_\_\_\_\_ ) -- : \$ \_\_\_\_\_
  - Associate Membership — I am a current member of NAMI - \_\_\_\_\_  
(Affiliate Name)
- TOTAL : \$ \_\_\_\_\_

**Information about yourself:**

**Please print clearly**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

I am especially interested in: (Check all that apply.)

.. Keep me up to date by joining the NAMI\_Consumers Yahoo news group

- |  |   |
|--|---|
| <input type="checkbox"/> Peer Support Groups                   | <input type="checkbox"/> Warm Lines                       |
| <input type="checkbox"/> Saturday Morning Club / Social Events | <input type="checkbox"/> Opening Doors to the Arts events |
| <input type="checkbox"/> In Our Own Voice                      | <input type="checkbox"/> Book Club                        |
| <input type="checkbox"/> Wellness Recovery Action Planning     | <input type="checkbox"/> Two Hats networking dinner       |
| <input type="checkbox"/> Mental Health Recovery Education      | <input type="checkbox"/> NAMI Walk Team                   |
| <input type="checkbox"/> Human Rights — Political Advocacy     | <input type="checkbox"/> Leadership in NAMI               |
| <input type="checkbox"/> Coalition for Fresh Air Rights        | <input type="checkbox"/> Volunteering (We need you!)      |
| <input type="checkbox"/> Veterans' Issues                      | <input type="checkbox"/> Other: _____                     |

Please mail or return with your check to:

NAMI Greater Boston CAN  
Solomon Carter Fuller Bldg, G09  
85 East Newton Street  
Ground Floor  
Boston, MA 02118

**For more information  
call our office at:  
617-305-9975**

or

**Visit our web site:  
[www.namigbcan.org](http://www.namigbcan.org)**

or

**Email us at:  
[info@namigbcan.org](mailto:info@namigbcan.org)**

For Office Use Only

Membership taken by \_\_\_\_\_ on \_\_\_\_\_

Received in office by \_\_\_\_\_ on \_\_\_\_\_

Entered with NAMI by \_\_\_\_\_ on \_\_\_\_\_

Entered in ebase by \_\_\_\_\_ on \_\_\_\_\_

Welcome sent by \_\_\_\_\_ on \_\_\_\_\_

Invoice to NAMI Mass by \_\_\_\_\_ on \_\_\_\_\_