

NAMI Barrington Area
PO Box 474
Barrington, IL 60010-0474
www.NamiBarringtonArea.org



Membership Enrollment Form

Please enroll me as a member of:

NAMI Barrington Area General Membership* - \$35.00

(\$10 National, \$15 to State and \$10 to local Chapter), includes:

NAMI Barrington Area's monthly email newsletter

NAMI Illinois' quarterly Stateline newsletter and

NAMI's National Advocate Magazine

NAMI's New Beginnings Magazine

The 4 magazines listed above are mailed to your home address. Check here if you do not want these mailed to your home.

Consumer - \$10.00

Additional Donation – any amount is appreciated \$ _____

(Contributions to NAMI Barrington Area are tax deductible as allowed by IRS regulations)

My /my spouse's company will match my gift to NAMI _____
Company's name

Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Home Phone (_____) Business Phone (_____)

E-Mail Address – please print _____

My NAMI Barrington Area monthly newsletter and occasional e-mail announcements will arrive by e-mail.

- If you have any questions about your membership, concerns regarding confidentiality or have difficulty paying, call us at 847-496-1415 or email us at:
NamiBA@NamiBarringtonArea.org

Please make checks payable to: **NAMI Barrington Area**

and mail to: NAMI Barrington Area
PO Box 474
Barrington, IL 60010-0474

Where did you hear about NAMI? _____