

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



### Membership Enrollment Form

Today's Date \_\_\_\_\_

Please enroll me as a new member: \_\_\_\_\_ **OR** Renew my Membership \_\_\_\_\_

\_\_\_ NAMI Barrington Area General Membership\*           \$35.00            
**OR**

\_\_\_ Reduced Rate Consumer Membership           \$10.00          

\_\_\_ Additional Donation – any amount is appreciated \$ \_\_\_\_\_

**Total enclosed:** \_\_\_\_\_

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

\* General membership (\$10 National, \$15 to State and \$10 to local Chapter), includes: NAMI Illinois' quarterly newsletter *Stateline*, NAMI's national magazine *NAMI Advocate*, and NAMI's *New Beginnings* magazine

\_\_\_ Please check here if you do *not* want these mailed to your home

Name \_\_\_\_\_

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

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

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

Home Phone (\_\_\_\_\_) Business Phone (\_\_\_\_\_)

E-Mail Address (**please print**) \_\_\_\_\_

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

\_\_\_ Please check here if you do not wish to receive these e-mail items.

- If you have any questions about your membership, concerns regarding confidentiality or have difficulty paying, call us at 1-847-496-1415 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? \_\_\_\_\_