PLEASE JOIN US IN SUPPORTING MENTAL HEALTH

_____ New Member  _____ Renewal

How did you hear about NAMI ADCO ________________________________

Name: ________________________________

Address: ________________________________

City: __________________ Zip: ________________

E-mail: __________________ Phone: __________________

We appreciate your continued support of NAMI ADCO. As a member, you are joining NAMI Arapahoe/Douglas Counties, NAMI Colorado and NAMI national, which entitles you to:

• Invitation to the NAMI ADCO Evening of Hope, member appreciation event
• New memberships/renewals receive “Hope” support ribbon pin from NAMI Arapahoe/Douglas Counties
• Connect with other passionate mental health crusaders
• Receive NAMI Newsletters/Periodicals/NAMI Advocate Magazine
• Gain online access to members only content
• Vote in NAMI ADCO elections and national resolutions

_____ Individual Membership $ 40.00/annually

_____ Family Membership $ 60.00/annually

_____ Open door membership $5.00/annually

I am enclosing an additional tax-deductible contribution $__________________________

Please make your checks payable to:

NAMI ARAPAHOE/DOUGLAS COUNTIES
155 Inverness Dr Suite 205
Englewood CO 80112