

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**