



**Join NAMI Butler County today!**  
 Membership lasts for a full year and enrolls you as a member of NAMI Ohio and NAMI National as well!

Membership includes exclusive access to informative publications about mental health news, research and advocacy efforts!

## NAMI Butler County Membership Form

Please fill this out and mail check to NAMI Butler County, 5963 Boymel Drive, Fairfield, OH 45014.

**If you prefer to pay by credit card online, please visit our website [www.nami-bc.org](http://www.nami-bc.org) and click "Become a Member".**

**NAME:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Annual Membership Dues:**

<b>Household/Family</b> .....	<b>\$60.00</b>
<b>Individual</b> .....	<b>\$40.00</b>
<b>Open Door (Hardship cases)</b> .....	<b>\$5.00</b>

**Additional Household Members (Household/Family membership):**

**NAME:**  
\_\_\_\_\_

**NAME:**  
\_\_\_\_\_

**Phone Number:**  
(\_\_\_\_) \_\_\_\_\_

**Phone Number:**  
(\_\_\_\_) \_\_\_\_\_

*Mailing Address must be same as above member.*

*Mailing Address must be same as above member.*

**Email Address:**  
\_\_\_\_\_

**Email Address:**  
\_\_\_\_\_

**Total Memberships:** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

**Optional Questions for Aggregate Demographic Data** *Data is not forwarded to others and is used for grant purposes.*

**Year of Birth:** \_\_\_\_\_

**Gender:**  Male  Female

**I am a:**

- Parent  Family Member
- Sibling  Spouse
- Friend  Mental Health Consumer
- Mental Health Professional
- Other \_\_\_\_\_

**Race/Ethnicity:**

- Caucasian  African/American
- Biracial  Hispanic
- Asian  Somali
- Other \_\_\_\_\_

*Your membership dues help to keep our local NAMI organization viable.*

**THANK YOU!**