

**Join NAMI Greater Bloomington Area in our mission
to provide support, education, advocacy, and research opportunities
to those in our community affected by mental illness.**

Name: _____

Address: _____

E-mail: _____

Phone: _____

I would like to join NAMI-GBA: _____ annual individual membership of \$25.00

_____ annual family membership of \$35.00

_____ annual consumer membership of \$3.00

I am interested in: _____ Family-to-Family

_____ Support Groups

_____ Family Advisory Committee

_____ Brain Donation

_____ Publicity

_____ Speakers' Bureau

_____ Membership

_____ Special Events

_____ Other:

**Please print this page and send the completed application
with your check payable to "NAMI Greater Bloomington Area" to
NAMI Greater Bloomington Area - P.O. Box 7794 - Bloomington, IN 47407**