



NAMI Butte County Membership Form

Mailing information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Consumer (\$7.00) Student (\$15.00) Individual (\$35.00) Family/Professional (\$50.00)

Amount Enclosed: Dues \$ _____ Donation \$ _____ Date: _____

Illness of Concern: _____

Make checks payable to: NAMI Butte County

Send membership form and payment to:

NAMI Butte County
P.O. BOX 1364
Chico, CA 95927

As a Butte County member you are automatically a member in all 3 levels of the NAMI organization (LOCAL/STATE/NATIONAL)

Optional -Relationship to consumer: PA (parent of adult) PC (parent of child) AC (adult child)
C (consumer) F (friend) P (professional) S (sibling) M (spouse)

Optional-Ethnicity: A (Asian/Pacific Islander) AA (African American) H (Hispanic/Latino)
NA (Native American) W (White/Caucasian) O (Other)

Optional-Decade of Birth: 1920 1930 1940 1950 1960 1970 1980 1990