



Membership / Donation Form

\$60 Household Membership

\$40 Regular Membership

\$5 Open Door Membership

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Please accept my additional donation of:

\$500 \$250 \$150 \$50 \$_____ other amount

Please make checks payable to and send to:

NAMI Northern Lakes

P.O. Box 1494

Rhineland, WI 54501