

**NAMI Nebraska**

**Membership Application**

Individual Membership: \$40.00 annual dues

Open Door Membership: \$5.00 annual dues, limited to individuals with low income

Please enclose a check or money order.

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IF KNOWN, PLEASE INDICATE THE AFFILIATE YOU WOULD LIKE TO JOIN: \_\_\_\_\_

\_\_\_\_\_  
(If left blank, the state office will associate your membership with the affiliate that is closest to the address you provide above.)

I / we understand that by joining NAMI, our membership dues / information will be shared with my local affiliate, the state organization and the national office.

Please return this application to:

NAMI Nebraska  
415 S 25<sup>th</sup> Ave, Bldg LH Annex  
Omaha, NE 68131