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**I want to join NAMI SLOCO**

**New member \_\_\_\_**

**I want to renew my membership \_\_\_\_\_\_**

Please check your membership type:
\_\_\_\_\_\_\_\*Household: $60.00 (multiple people at one address).

\_\_\_\_\_\_\_ Individual: $40.00

\_\_\_\_\_\_\_ Open door: $5.00 (open to anyone who is experiencing financial constraints)

 \_\_\_\_\_\_\_ Donation Amount (optional)
\_\_\_\_\_\_\_\_Total Enclosed Date: \_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Additional names for Household Membership: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to and mail to: NAMI SLOCO PO Box 3158, San Luis Obispo, CA 93403

By joining NAMI SLOCO you are joining NAMI National as well as NAMI California.

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| **Membership Type/Amount**  | **NAMI split** | **State Split** | **Affiliate split** |
| Household $60.00 | $20.00 | $20.00 | $20.00 |
| Individual $40.00 | $10.00 | $10.00 | $20.00 |
| Open Door $5.00 | $1.00 | $1.00 | $3.00 |