

10202 SE 32nd Ave., Suite 501 • Milwaukie, OR 97222 • 503-344-5050
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Membership Form

Date: _____

Name(s): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Annual Membership

I (We) would like to give:

- | | |
|--|--|
| <input type="checkbox"/> \$60 (\$40 Individual Membership fee plus \$10 donation) | <input type="checkbox"/> \$40 Individual Membership |
| <input type="checkbox"/> \$100 (\$40 Individual Membership fee plus \$60 donation) | <input type="checkbox"/> \$60 Family Membership |
| <input type="checkbox"/> Other amount, please specify: _____
<input type="checkbox"/> Monthly <input type="checkbox"/> Annually | <input type="checkbox"/> \$5 Living Lightly membership for those with limited income |

I have enclosed a matching gift form from my employer that could double or triple my gift.

Please contact me about volunteering at NAMI Clackamas.

Please make checks payable to NAMI Clackamas
Join online at <https://www.nami.org/Get-Involved/Join#>
Or pay with Visa, MasterCard, Discover or American Express

Card number: _____

Expires: _____ CVV code: _____

Signature: _____

Please return form to:
NAMI Clackamas
10202 SE 32nd Ave., Suite 501
Milwaukie, OR 97222

For office use only

Check number:

Check date:

Amount:

