

# NAMI Sedona

## Membership Application

We need your voice alongside our members to advocate for better treatment of brain disorders and a better quality of life for people who have them.

*I would like to become a NAMI-Sedona member. This includes a subscription to The Advocate, the national magazine on mental illness.*

\_\_\_\_\_ \$3 Open Door (limited income)

\_\_\_\_\_ \$35 Individual/Family Membership

\_\_\_\_\_ \$200 Agency

NAME \_\_\_\_\_

AGENCY \_\_\_\_\_

ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL  
ADDRESS \_\_\_\_\_

Mail check or money order payment and application to:

NAMI Sedona  
PO Box 3865  
Sedona, AZ 86340-3865