



YES, I WANT TO JOIN NAMI SAVANNAH!

Dues to join NAMI Savannah are split between local, state, and national offices and members receive information from all three levels. Donations above and beyond membership dues are always welcome and appreciated to support the efforts of NAMI | Savannah. **Send to:**

NAMI-Savannah, Inc.
P.O. Box 13731
Savannah, GA 31406
namisavannah.org
info@namisavannah.org

PLEASE PRINT THIS FORM PLEASE PRINT THIS FORM PLEASE PRINT THIS FORM PLEASE PRINT THIS FORM PLEASE PRINT THIS FORM PLEASE PRINT THIS FORM

What's Your Title: Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____

I want to : (Please Check One)

- ☐ **Join NAMI**
☐ **Renew Membership for one year.**

Dues:

_____ **\$35 Regular Membership**
_____ **\$3 Open Door (for Low Income)**



CUT OR FOLD HERE
CUT OR FOLD HERE

I've Enclosed a:
(Please Circle One)

Money Order

Check

Dated Received: _____ **By:** _____ **Amount Enclosed:** _____



SAVANNAH

Thank You

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NAMI | SAVANNAH
7805 Waters Ave., Suite 2B
Savannah, GA 31406
P:(912) 353-7143
F:(912) 353-7195
info@namisavannah.org