



2024 MEMBERSHIP APPLICATION/RENEWAL FORM

Annual Membership is \$60 per household, \$40 for individual, or \$5 for those with limited income.

Additional donations are accepted and appreciated. Checks can be made payable to NAMI Rochester.

Check Enclosed Amount: \$ _____

Name(s):			
Address:			
	City:	State:	Zip Code:
Preferred Phone #:	()		
E-Mail Address:			
Relationship to Person with Mental Illness:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent/Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____ <input type="checkbox"/> None (Supporting Member)		
Your Age:	<input type="checkbox"/> Under 18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> Over 65		
Person's Age (if applicable)	<input type="checkbox"/> Under 18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> Over 65		
Your Gender:	Gender Pronouns:	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person's Gender:	Gender Pronouns:	Is the Person a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis:	<input type="checkbox"/> Anxiety/Panic Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> Chemical Addiction/Alcohol Abuse Disorder <input type="checkbox"/> Depression/Major Depressive Disorder <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Post-Traumatic Stress Disorder <input type="checkbox"/> Schizoaffective Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other (Please Specify): <input type="checkbox"/> Don't Know/Not Sure		
Your Race/Ethnicity:	<input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Race & Ethnicity Unknown		
Person's Race/Ethnicity:	<input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Race & Ethnicity Unknown		
Is English your primary language?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what is your primary language?		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
How did you hear about NAMI?			

Please submit this form and payment to NAMI Rochester, 346 N. Goodman Street, Rochester, NY 14607