

Membership  
Payment by Check

Print this form, fill in the information and  
submit it with your check made payable to:  
NAMI Fox Valley.

Mailing address: **NAMI Fox Valley**, 516 W. Sixth St., Appleton, WI 54911

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

New Membership

Membership Renewal

Please select your level of membership:

\$45 Family

\$100 Friend

\$35 Individual

\$150 Corporate

\$6 Low-income member

\$250 Donor

\$500 Sponsor

My donation in addition to my membership: \$ \_\_\_\_\_

Membership in NAMI Fox Valley follows a calendar year and includes membership in the entire NAMI organizational structure – local, state and national.

*Your contributions to NAMI Fox Valley in excess of your membership are tax-deductible as provided by law.*

**THANK YOU FOR YOUR SUPPORT!**