



Membership Form

NAMI-Western Massachusetts
324A Springfield Street, Agawam, MA 01001-1512
413-786-9139

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Please include your annual **NAMI-Western Massachusetts** membership dues:

- Annual Membership Dues: ___ \$40.00
- Open Door Membership ___ \$5.00 for dues (low income consumers and family members)
- Household (living at one address) ___ \$60.00
- Additional Donation: \$_____

Make checks payable to NAMI- Western Massachusetts