



**MEMBERSHIP APPLICATION**

**NAMI Mercer NJ, Inc.**

Lawrence Commons, 3371 Brunswick Pike, Suite 124  
 Lawrenceville, NJ 08648 (609) 799-8994 fax (609) 799-8996  
[home@namimercer.org](mailto:home@namimercer.org) [www.namimercer.org](http://www.namimercer.org)

**JOIN/RENEW ONLINE AT NAMI Mercer's [www.namimercer.org](http://www.namimercer.org)**

Yes, I/we want to  join NAMI Mercer, or  renew membership for one year (please check one)

\_\_\_\_\_ \$60 Household                      \_\_\_\_\_ \$40 Regular  
 \_\_\_\_\_ \$5 Open Door Limited Income

*I/we also want to make a tax-deductible donation to support NAMI Mercer's programs of \$ \_\_\_\_\_*

- **Ask your employer about a matching gift. NAMI Tax Exempt ID#22-2587453**
- **NAMI Mercer United Way Donor Choice ID#01712**

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

**Optional Information:**

Employer \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

**Race/Ethnicity**

We want to make sure that all members of our community, regardless of race and/or ethnicity, get support from NAMI. We would appreciate it if you tell us your race and/or ethnicity so that we can track how well we are including all communities and whether or not everyone is receiving NAMI's quality education and support.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                               | <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Native Hawaiian or Pacific Islander |  |  |
| <input type="checkbox"/> Prefer not to answer             | <input type="checkbox"/> Other, please specify _____         |  |  |

**Volunteer Opportunity**

**YES** I would like to volunteer with NAMI Mercer. Please send me information about opportunities that are available.

**Thank you for your support of NAMI Mercer and the important programs we sponsor.**

**Payment Information**

Check                      or                       Cash Enclosed

Credit Card Payment: Charge my:  Visa     Master Card     American Express

Name as it appears on Card: \_\_\_\_\_ Account No: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Validation Code \_\_\_\_\_ Signature: \_\_\_\_\_

(Three-digit code on the back and four digit code on front of card for AMEX)

**For NAMI Mercer Office use only:**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Paypal | <input type="checkbox"/> NAMI National Web Membership              |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card |

**Membership in NAMI's state and national organizations is included in NAMI Mercer membership.**