



National Alliance on Mental Illness

Serving Mercer County, New Jersey

ANNUAL MEMBERSHIP APPLICATION

NAMI Mercer NJ, Inc.

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home@namimercer.org

JOIN/RENEW ONLINE AT www.namimercer.org

Yes, I/we want to JOIN NAMI Mercer or RENEW membership AND VOLUNTEER
\$60 Household \$40 Individual \$5 Open Door (Limited Income) I/we also want to make a tax-deductible donation of \$

Name(s):

Street: City: State: Zip:

Phone () Email

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

Employer

Street: City State Zip:

Phone () Email

Race/Ethnicity (Please check)

American Indian or Alaska Native Asian African-American Caucasian Hispanic/Latino Native Hawaiian or Pacific Islander Other

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: