

We would love for you to join us!

ANNUAL MEMBERSHIP:

Individual.....\$40

Households.....\$60

Low income.....\$5

Please note: No individual or family is denied membership if paying dues is a hardship.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Please make check payable to:
NAMI Plymouth Area

Mail to: NAMI Plymouth Area
PO Box # 1398
Marshfield, MA. 02050

Or join online: www.nami.org/join
Please designate NAMI Plymouth Area as
your affiliate.