



NAMI CCNS membership dues include membership in NAMI Illinois and NAMI National. You will receive NAMI CCNS Newsline newsletter, NAMI Illinois' newsletter, and NAMI National's quarterly Advocate magazine.

Member Form

Name _____
Address _____
City, State, Zip _____
Email _____
Telephone _____

Membership categories (check one):

- Household \$35
- Individual \$35
- Consumer \$5
- Professional \$50
- Lifetime \$300

Please fill in appropriate amounts:

Membership dues \$ _____
Lifetime membership _____
Additional donation _____
Total enclosed \$

Pay by check or credit card

VISA / MC no. _____
Expiration (month/year) _____
Signature _____

Send form and check to:

NAMI Cook County North Suburban
P.O. Box 612
Winnetka, Illinois 60093