

# NAMI of Summit County Membership Form

Please complete the information below and mail your check or money order to:

NAMI of Summit County  
P.O. Box 462  
Cuyahoga Falls, OH 44222

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

\$25 Individual or Family Membership

\$25 Professional Membership

\$1 "Open Door"

\$\_\_\_\_\_ Donation Only