



## 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)

YES, I/we want to **join**  NAMI Mercer NJ, or **renew**  member for one year (please check one)

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

\_\_\_\_\_ \$38 Individual/Family                      \_\_\_\_\_ \$50 Professional Membership  
\_\_\_\_\_ \$3 Open Door Limited Income                      \_\_\_\_\_ \$150 Organizational Membership

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

Name(s): \_\_\_\_\_ Relationship to consumer \_\_\_\_\_ consumer is Adult \_\_\_ Child \_\_\_

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

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

**Employer** \_\_\_\_\_

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

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

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

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

**Second Household** (NAMI membership & materials for another immediate family member living at another address)

Name: \_\_\_\_\_ Relationship to consumer: \_\_\_\_\_

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

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

### **Volunteer Opportunity**

YES I would consider volunteering 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.

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# Volunteer Information

(Fill this page out only if you want to volunteer.)

What skills or training do you have and/or your preferences in type of work.

- Writing       Computer Skills       Accounting  
 Public Speaking       Graphics/Art       Grant Writing  
 Photography       Communications/       Counseling  
 Internet/Web       Public Relations       Other  
 Teaching

List any additional skills you have: \_\_\_\_\_

\_\_\_\_\_

Interests and/or Hobbies

- Library       Family Education       Mentoring  
 Phone       Event Planning       Mailings  
 Advocacy       Other: \_\_\_\_\_

Do you speak another language?       Yes       No

If so, please list all: \_\_\_\_\_

Please indicate your time preferences:

- Once Weekly       Twice Weekly       Once a Month  
 Project work       Special Events Only  
 Other: \_\_\_\_\_

(circle when available) Mornings (9-12) Afternoons (1-4)

Monday     Tuesday     Wednesday       Thursday     Friday

Hours available per day: \_\_\_\_\_

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