



Annual Membership Information

_____ \$35 Individual membership

_____ Free membership to consumers with special financial needs.

_____ Donation

Please make checks payable to
NAMI of Greater Wheeling, Inc.

Mail to: NAMI of Greater Wheeling, Inc.
P.O. Box 6027
Wheeling, WV 26003

Your cancelled check is a receipt for membership. ALL memberships/donations are tax deductible.

Date: ____/____/____

Name: _____

Address: _____

City/State: _____

Zip: _____ Phone: _____

Email: _____

P.O. Box 6027
Wheeling, WV 26003



Your cancelled check is a receipt for membership memberships/donations are tax deductible.

Date: ____/____/____

Name: _____

Address: _____

City/State: _____

Zip: _____ Phone: _____

Email: _____