Alliance for the Mentally Ill of Oakland County

Membership Application

YES! I want to join AMI of Oakland County.

Enclosed are my dues for one year (Select one)

Individual/Family ($35) \_\_\_\_\_ Limited income ($3) \_\_\_\_\_\_

Contributor ($50) \_\_\_\_\_ Sustaining ($100) \_\_\_\_\_

Patron ($250) \_\_\_\_\_ Sponsor ($500) \_\_\_\_\_

Additional donation, if any $\_\_\_\_\_ Total Contribution $\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
STATE \_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_  
  
TELEPHONE (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks payable to The Alliance for the Mentally Ill of Oakland County.

Mail to:   
  
AMI of Oakland County Membership,   
29548 Southfield Road, Suite 101   
Southfield, MI 48076

All donations are tax-deductible. Call (248) 203-1998 for additional information.

Thank you for your support

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| |  | | --- | | ***AMI of Oakland CountyMembership*** | |  | | **Severe Mental Illness’s** | |  | | * are biologically-based brain diseases that profoundly disrupt a person’s ability to think, feel and relate to others and their environment. * include such illness as schizophrenia, major depression and bipolar disorder (manic-depression), which affects 1 in every 5 families. * are catastrophic diseases with neurological, biological, genetic and perhaps viral components not yet understood. * are no-fault, biological brain diseases that are more common than cancer, diabetes or heart disease. * devastate caring families emotionally, physically and financially. * costs billions in care and lost earnings * strike young people in their most productive years. * will affect over 5 million Americans in any given year. | |  | | Join our active constituency for persons with mental illness, and their families by printing and completing the membership form and mailing the form along with your payment to the address listed below. | |