



NAMI Southwest Washington

National Alliance on Mental Illness

We are dedicated to helping people affected by mental illness.

www.namiswwa.org

Vol. 15.4

April 2015

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Hours: Monday–Friday
9:00 am–5:00 pm

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Hours to be Determined

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2015 NAMIWalks Northwest and NAMIWalks Washington

NAMIWalks is proud to be the largest and most successful mental health awareness and fundraising event in America! Through NAMIWalks' public and active display of support for people affected by mental illness, we are changing how Americans view individuals diagnosed with a mental illness.

It is time again to recommit to NAMI's mission by financially supporting NAMI SW WA through participating in the NAMIWalks. NAMI SW WA is fortunate in that we have the unique opportunity to participate in two NAMIWalks programs, one is in Oregon where we actively walk with the thousands of other participants from the Portland Metropolitan area at the Willamette Riverfront. For this event we meet at the East Bank Esplanade, Portland - near SE Water at SE Main. The date for this Walk is May 17. At this Walk, NAMI staff, members, and volunteers and our many teams raise funds through our walkers, both actual and virtual, who donate or have friends and family pledge to us. Our second opportunity is with the NAMI WA Walk that takes place on June 6 in Kirkland, WA. While we don't participate there, we raise money through donations from local businesses and individuals who simply want to make a small to a large, or very large donation for this very worthy cause. During the next two months our Walks Coordinator, Angela Rheingans, will be calling and visiting businesses, small and large, to gather these donations. Please, help us to meet our large goal this year. Every penny is used to help us provide the magnificent services we offer, free of charge, to anyone calling us or coming through our door.

Never participated before? We can help. Financially supporting NAMI SW WA is so easy and fun! Every journey begins with that first step! Below are opportunities for participation:

- Form a team of supporters to walk together; each team member will ask others to financially sponsor their NAMIWalk.
- Form a team at work; ask for your employer's financial support and each participant asks for others to financially support their NAMIWalk.
- Participate as an individual and/or with family members.
- Make a financial pledge to participate in a Virtual Walk. The Virtual Walk is a fun way to help raise funds for the fight against mental illness. It can take place anytime, anywhere. You may choose to walk around your community, in a local park, indoors at a mall or not walk at all as long as it is done on a day before the walk.
- In lieu of participating, mail a check or a matching gift to NAMI SW WA, PO Box 5353, Vancouver WA 98668 (noting in the memo that your contribution is for our NAMI WALKS) or donate via our PayPal Account at namiswwa.org. Click on the donate tab.
- Volunteer to help organize the NAMI SW WA WALK.

"As a parent who has struggled and fought endless months and years to provide my child with the best services possible, to afford him the highest chance at success in his life with the barriers of mental illness, it is NAMI that has made that struggle bearable for my family. I understand that no matter what happens, NAMI is always there to catch us if we falter. So let us be there for NAMI SW WA and help our NAMIWalks be the most successful NAMIWalks ever. NAMI SW WA has our backs, so let us show them we also have theirs." Angela Rhinegans, NAMI SW WA Coordinator can be contacted at 360-695-2823 or by email at namiwalks@namiswwa.org.



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Keri Stanberry

From the Director's Desk

Dear Members and Friends of NAMI SW WA,

As you can see from our focus on the NAMI Walks Fundraising Event (featured in our cover story), all of us at NAMI SW WA are hoping to have great support for this event. NAMIs across the nation embrace the NAMI Walks Fundraiser each year to raise awareness about the needs and issues in the mental health community. The money raised supports our educational programs and support groups as well as assists in paying the rent and utilities. Your support of the NAMI SW WA Walks, also allows us to continue to be available via a phone call and/or to drop by to get the help or referral needed when you or a family member is facing a mental health crisis.

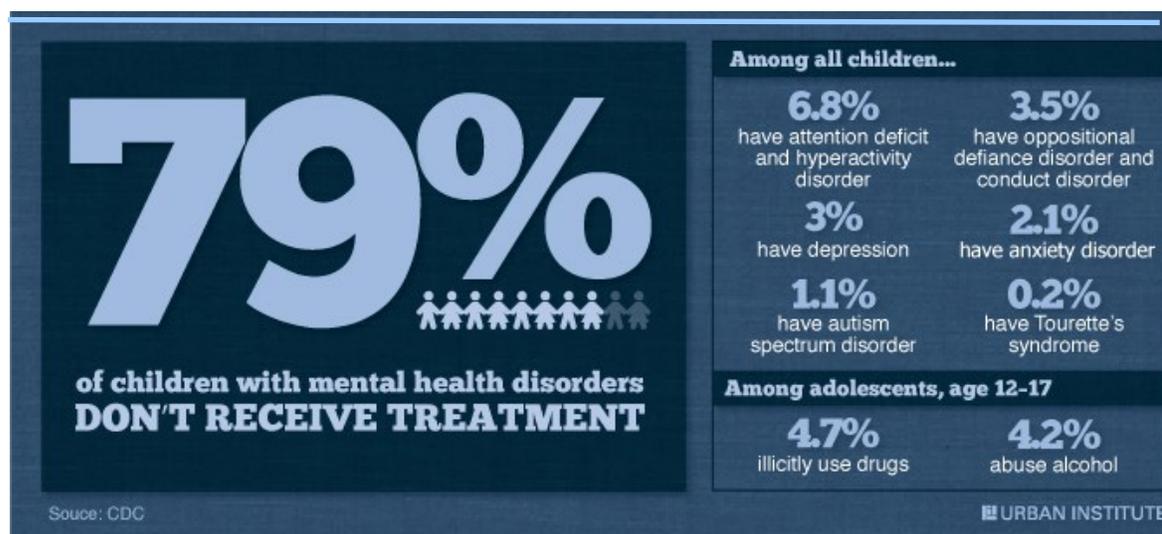
NAMI SW WA business hours are the traditional Monday through Friday 9-5. However, I am frequently in the office (outside those business hours and catching up on my work). Recently, I answered the phone twice within a half hour. The first was a call from a mom with an adult daughter who was in crisis. I was able to put her in touch with the local Crisis Line (provide phone number). Minutes later, another call came in from an individual who wanted to know what would happen when her son is released from jail and he has a no-contact order was still in effect with his parents.

Increasingly, NAMI is the first place people call when there is a mental health issue. Please join us in the NAMI SW WA Walk to help us raise money to support additional staff, to perhaps extend our business hours, and to begin new programs so that NAMI SW WA will be better able to assist the additional consumer need.

NAMI SWWA is busy right now preparing for the Walk and other events. This means that we will not be offering as many classes as usual. Please check our calendar this month and next to learn the dates of Family to Family and BASICS classes that will take place before the end of June.

One of the major events we are hosting is the Jean Lough Symposium that will take place in June. Jean was one of the founders of NAMI in Southwest Washington. This program was offered for several years during the early 2000's, but was then dropped for budgetary reasons. Our Regional Support Network, Southwest Behavioral Health, awarded us a stipend to bring this popular event back. Our next newsletter will focus on what we hope will be an exciting and, we hope, a well attended event.

Best regards,
Peggy



Clark
Terry Gertson
Cowlitz
Janie Gislason
Skamania
Becky Anderson
Scott Brickly

Support Groups

Connection
Support Group
Eric Johnson

Corrections
H-Pod/Workcenter
Eric Johnson
Ilse Schuurmans
Janine DeBacker
Eric Chastain

Family Support Groups
Don Greenwood
Kay Roberson
Chris Tibbits

STRiVe Support Group
Daryn Nelsen-Soza
Eric Johnson
Ilse Schuurmans
Janine DeBacker
Lyn Pattison

Event Coordinator

NAMI Walks Coordinator
Angela Rheingans

Vital Support

Class Preparation
Molly Zink

Library Coordinator
Nancy Marsh

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Amanda Macleod

IT Specialist
Jason Harris

How to Recognize Mental Illness in Children

It is estimated that one in five children has a mental health problem that can be diagnosed, but only one-third of these get help. Children’s mental health problems are treatable and if not treated can cause problems at home, school and in the community. Children with mental health problems might fail at school, become involved with the criminal justice system, develop a dependence on social service, and even commit suicide.

Parents and family members are usually the first to see that a child has problems with emotions or behavior. However, pre-school and school teachers and staff also play a role by alerting parents /guardians about possible emotional and behavioral problems in a child. Look for the following signs to determine if you need to seek professional help for your child:

- Persistent nightmares
- Decline in school performance
- Poor grades despite strong efforts or a significant and/or sudden change in a child’s grades
- Constant worry or anxiety
- Persistent disobedience or aggression
- Frequent temper tantrums
- Depression, sadness or irritability
- Repeated refusal to go to school or take part in normal activities
- Hyperactivity or fidgeting

Identifying and diagnosing children early is important and will ensure that they reach their full potential. Seeking an evaluation by a mental health professional will include a consultation and psychological testing. Medical tests might be done to rule out any physical problems that could be the cause of the symptoms. Understand that there might be learning disabilities or developmental delays which frequently look like mental health issues. If your child’s school offers the NAMI program, Parents and Teachers As Allies, be sure to take part in it to learn more about mental health issues in children. NAMI also offers a 6-week BASICS class for parents and caregivers who have a child with a diagnosed mental illness.

If your child has a mental health problem, you will be involved in helping design a treatment plan that may include psychotherapy and medication. Older children in the home should also be included in this process.

Is It Normal Kid Behavior or Is It ADD or ADHD?

When people think of attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) they think of out-of-control kids bouncing off the walls, in constant motion, and disrupting everyone around them. Some kids with ADHD/ADD are hyperactive, but others might put too much focus on a task or exhibit symptoms of inattention or impulsivity.

Symptoms of inattention in children might be:

- Easily distracted, misses details, forgets things, frequently switches from one activity to another
- Can’t focus on one thing
- Easily becomes bored, unless they are doing something they enjoy
- Cannot focus on organizing, completing a job, or learning something new
- Loses things
- Doesn’t listen when talked to
- Daydreams, moves slowly
- Are slow processing information
- Doesn’t follow instructions

Symptoms of hyperactivity might be:

- Fidgeting, can’t sit still during dinner, school, while reading
- Talks constantly
- Touches everything while dashing around
- Always in motion, cannot do quiet tasks

Symptoms of impulsivity may be:

- No patience, can’t wait for things they want, cannot take turns
- Acts without thinking about consequences, blurts out inappropriate comments
- Interrupts other’s conversations or activities

If you suspect that your child might suffer from ADD/ADHD, schedule an appointment with your provider for an assessment. Symptoms of ADD or ADHD can be caused by brain injuries, sugar consumption, or food additives, and all of these causes should be ruled out.

The Changing Face of ADHD

Childhood	→	Adulthood
Hyperactivity (can't sit still, always "on the go," climbs or runs at inappropriate times)	May Become	Restlessness (can't stay focused on one thing; fidgety; impatient)
Physical Impulsivity (doing things that result in a lot of injuries; problems waiting one's turn)	May Become	Verbal Impulsivity (saying the "wrong thing" or speaking out of turn; interrupting others excessively)
Inattention (problems paying attention in class or completing school work)	Often Remains	Inattention (difficulty concentrating at work; problems finishing tasks)

DEPRESSION AND CHILDREN

Depression is an illness that affects the whole body – your thoughts, feeling, behavior and physical health. It is estimated that at least 2% of children and 4% of youth suffer from depression and that it affects all areas of their lives – their home, school and social life.

CLINICAL SYMPTOMS		WHAT DOES A PARENT/CAREGIVER SEE?
Persistent Sad or Irritable Mood	⇒	Sadness, hopelessness or irritable: angry and aggressive
Loss of Interest in Everyday Activities	⇒	Boredom, dropping activities, loss of interest in fun activities
Significant Change in Appetite or Weight	⇒	Frequent unexplained physical complaints such as headaches, muscle aches and pains, stomach aches, change in weight, worries a lot
Difficulty Sleeping or Oversleeping, Loss of Energy, Difficulty Concentrating	⇒	Frequent absences from school, poor performances in school, unable to concentrate or stay focused, unfinished tests, consistently forgets homework, sleepy
Agitation or Slowing of Behavior	⇒	Restless, can't sit still or speech and behavior slowed, sluggish, feeling edgy
Feeling Worthless or Guilty	⇒	Talks of running away from home, overreacts to disappointment or failure, low self-esteem
Ongoing Thoughts of Death or Suicide	⇒	Fear or preoccupation with dying, talking about people who have died

The most common effective treatments for depression in children are psychoeducation, problem-solving, activity scheduling, relaxation, skill-building, social skills, and cognitive therapy.

AVOIDING PROBLEMS

Children, whether or not they have a mental health diagnosis, can create conflict and irritation for their parents or caregivers. One of the ways this conflict can be reduced is to think in terms of how to avoid the problem before it happens by thinking and planning ahead! One or more of the following techniques can be used when you are anticipating trouble.

Reduce boredom—This deals with short-term problems (what to do now) and long-term problems (how to keep occupied).

Restructure time—Children become frustrated when tired and hungry and are more upset in late morning and late afternoon. Adjust their sleeping and eating schedules to lessen problems.

Modify the environment—Think about the activity and put parameters. For example, give them crayons instead of paint, eliminate rough housing, bikes can only be ridden in special places, etc. Change the environment to eliminate problems – put of stepstool in the kitchen, store cleaning products in a high place, move stereo equipment to keep little fingers from playing with it.

Plan transitions—Children have a hard time changing from one activity to another. Clearly state your expectations, letting the previous activity expire, and provide rituals, especially at bedtime.

Foreshadowing—You can prepare children for new and uncomfortable experiences by telling them what activity will take place and when, what will be expected or permitted to do, and what they may feel like.

Communicate to children when there is stress in their life. Positive or negative changes at home should be explained in terms the children can understand. If possible, plan ahead to prepare them.

Be aware of child's actions and body language. Parents can anticipate trouble and take care of the situations before it develops into a problem.

The 10 Fundamental Components of Mental Health Recovery

- 1. Self-Direction**—Recovery must be self-directed by the individual.
- 2. Individualized and Person-Centered**—Recovery is based on a person's individual strengths and is an ongoing journey.
- 3. Empowerment**—Through empowerment, an individual gains control of their own destiny.
- 4. Holistic**—Recovery encompasses mind, body, spirit, and community.
- 5. Non-Linear**—Recovery is based on continual growth, occasional setbacks, and learning from experience.
- 6. Strengths-Based**—Recovery builds on capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- 7. Peer Support**—Mutual support plays an invaluable role in recovery.
- 8. Respect**—Protecting the individual's rights and eliminating discrimination and stigma are crucial in achieving recovery.
- 9. Responsibility**—Consumers have a personal responsibility for their own self-care and journeys of recovery.
- 10. Hope**—Recovery provides the essential and motivating message of a better future, that people can and do overcome the barriers and obstacles that confront them.

-U.S. Department of Health & Social Services, SAMHSA

CHILDREN'S MENTAL HEALTH MATTERS



“Many low-income children face chronic stress from nutritional deprivation or persistent violence at home or in the community. By addressing their medical, emotional and developmental needs through a comprehensive clinical care model, we can lower their risk of developing long-term physical and mental health issues.”

Irwin Redlener

“We take our kids for physical vaccinations, dental exams, eye checkups. When do we think to take our son or daughter for a mental health checkup?”

Gordon Smith

“I have long recognized a link between fitness and mental health and I think we need to encourage young people to take part in sports and team activities because we know it has such positive results.”

Tipper Gore

The 20/20 Problem

20% of children have a mental health disorder

20% of those get the help they need

ARE SMARTPHONES MAKING CHILDREN MENTALLY ILL?

Excerpts from The Telegraph, March 21, 2015

Julie Lynn Evans has been a child psychotherapist for 25 years, working in hospitals, schools and with families, and she says she has never been so busy. “In the 1990s, I would have had one or two attempted suicides a year – mainly teenaged girls taking overdoses, the things that don’t get reported. Now, I could have as many as four a month. There has been an explosion in numbers in mental health problems amongst youngsters.”

The floodgates of desperate youngsters opened, she recalls, in 2010. “I saw my work increase by a mad amount and so did others I work with. Suddenly everything got much more dangerous, much more immediate, much more painful.” Official figures confirm the picture she paints, with emergency admissions to child psychiatric wards doubling in four years, and those young adults hospitalized for self-harm up by 70 per cent in a decade.

“Something is clearly happening,” she says, “because I am seeing the evidence in the numbers of depressive, anorexic, cutting children who come to see me. And it always has something to do with the computer, the Internet and the smartphone.” Smartphones are now routinely seen in the hands of over 80 per cent of secondary school age children. With a smartphone - youngsters can now, she says, “access the internet without adult supervision in parks, on street, wherever they are, and then they can go anywhere. So there are difficult chat rooms, self-harming websites, anorexia websites, pornography, and a whole invisible world of dark places. In real life, we travel with our children. When they are connected via their smartphone to the web, they usually travel alone”.

Moms and dads who allow young teenagers to have smartphones must also take a more active role in policing the use of them, however unpopular it will make them with their offspring. “I think children should have privacy within their own rooms and in their diaries, and I think they should have the Internet, but I don’t think they should have both, certainly not until they have proved they are completely safe and reliable. So, check their browser history, look at their Facebook, Instagram, and other social media. Then discuss it with them.

Web sites, dealing with subjects such as anorexia or cutting, are where the damage is being done to their mental health, she argues. Harmful, too, is the sheer length of exposure to the virtual world via their smartphones that youngsters have now. Her strong advice to parents is to limit access. How about just banning it altogether? “I believe that parents who don’t allow the Internet can cause as much damage as parents who allow too much. Their children are not able to work and play and be with the rest of the children in the playground. It’s has to be about balance, not banning.”

Parents also need to think about what example they set their children by their own attachment to their smartphones. “We know all about the importance of childhood attachment and good healthy childhood relationships with parents. Yet, if you look in the local park, you see children at a very early age not getting the tender, intense love they used to because their parents are always on their smartphones. Put them down, and be with your kids from day one. They’re not getting what they need from us to build up their core sense of self and that can create the problems I see down the line.”

She is emphatically not anti-internet, but rather anti- the negative side effects of it on our young. “It is battering our children’s brains. They have no times for the goodies in life – kindness, acceptance, conversation, face-to-face, nature, nurture. They need to find a sense of purpose by connecting with other people, not being on the Internet all the time.”

See the complete article at www.telegraph.co.uk/news/health/children/11486167

Upcoming Classes

For all NAMI SW WA courses
CALL (360) 695-2823 to sign up or visit our website to register. Classes fill up quickly so sign up soon.



Vancouver Office
April 2015 Class TBA
Presently ongoing in Washougal.



Vancouver Office
May 2015 Class TBA



Vancouver VA Location
April 6, 2015 New Class
6:30–9:30 pm
Portland VA Med Ctr,
Vancouver Campus,
Building 11, First Floor,
Rm F-127 & F-128

BOOK REVIEW: HELPING YOUR ANXIOUS CHILD, A Step-by-Step Guide for Parents by R.M. Rapee, et.al.



This book has many suggestions and exercises for parents to use in helping children overcome their fears, worries, and anxieties. All of us worry from time-to-time and many of us know an adult who is a chronic worrier. While the book's content is geared toward parent/child practice exercises, it could also provide helpful techniques that anxiety-ridden adults might try. One mother mentioned that this book helps her when she is worried about things.

Parents need to be aware that "anxiety is severe when it interferes with age-appropriate activities". The book presents activities that help children handle fearful situations. Step-wise, it builds from simple to more complex ways of dealing with those situations. New skills are reviewed and then reinforced. Children are taught to think realistically about fearful situations and to use relaxation techniques when they feel stressed.

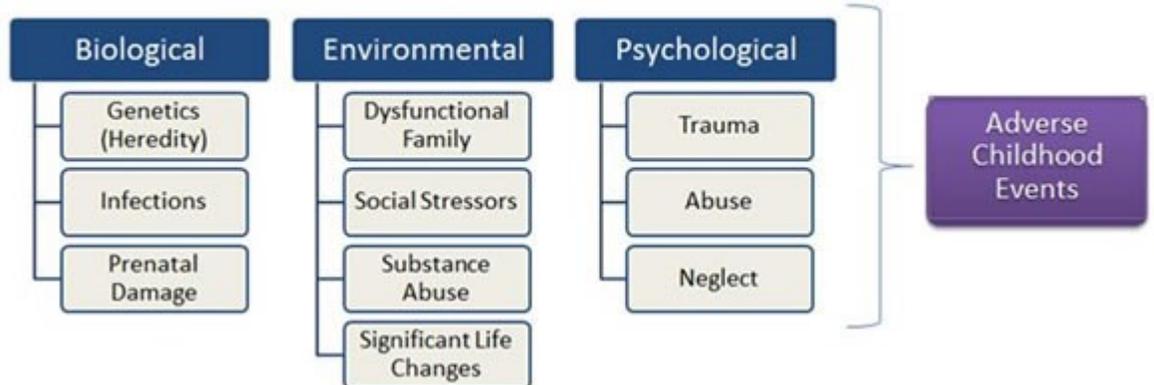
Unhelpful ways of dealing with anxiety in children are explained. One is giving excessive reassurance or too much direction to a child. Some parents permit children to avoid difficult situations rather than helping them think up new solutions to their problems. The book tells how parental pitfalls can be prevented, and emphasizes the need for lots of practice and review of the exercises provided.

Fortunate children have parents who read this book, who help them come up with fresh solutions to various situations, who employ reality testing to discover whether fears are realistically based, and who also teach the social skills needed for successful interaction with people in difficult situations. At home practice, before facing anxiety-producing situations, can give children a great deal of confidence and security. These techniques might well benefit anyone. Widely used, they could possibly prevent some of the prevalent anxieties in our society.

This book, one of the many currently available guides, gives parents techniques that can result in happier, more confident children.

By Nancy Marsh

Important factors contributing to children's mental health



The Substance Abuse and Mental Health Services Administration (SAMHA) has done extensive studies that show that the more Adverse Childhood Events (ACE) a child experiences, the greater risk of mental and physical effects in adulthood. Mary, our USC Intern, is piloting a program which will educate and train parents to teach their children resiliency skills which will protect against trauma experienced because of ACE's. Watch for more information and plan to attend one of her presentations in the community.

NAMI Help Line
M-F 9am-5pm
 (360) 695-2823
 (800) 273-TALK Suicide line
 (800) 950-NAMI Info line

Mental Health Ombuds:
 (360) 397-8470
 (866) 666-5070

Teen Talk: (after 4pm)
 (360) 397-2428

Crisis Lines:
 (360) 696-9560 (Clark)
 (800) 626-8137
 (509) 427-3850
 Skamania
 (360) 425-6064 Cowlitz
 (800) 803-8833

**Because
 mental
 illness
 is too
 tough
 a road
 to walk
 alone.**


Bulletin Board

- Are you, your family or friends thankful for NAMI SWWA being helpful and supportive in your lives? If so, consider “giving back” by volunteering or donating money. Mail your check to NAMI SWWA at PO Box 5353, Vancouver, WA 98668 or visit our website link at namiswwa.org.
- A new **HomeFront** series will begin on April 7 at the Vancouver VA. These classes are held in Building 11, First Floor, Room F-127 and F-128. To register, please call 360-695-2823.
- Three NAMI SW WA members will be attending training at the NAMI headquarters in Virginia to become WA State signature program trainers in late April. Daryn Nelsen, MSW and John Neibert will train to become a trainers for **HomeFront** and Keri Stanberry will be trained for **Parents and Teachers As Allies**. As state trainers they will be asked to train other NAMI members throughout Washington to present these programs. Both Daryn and John will probably end up training others throughout the western states since we are the only NAMI west of the Mississippi River that is currently certified to conduct HomeFront programs.
- **Family Support Groups** are an important resource for families who have a loved one with a mental illness. Knowing that others have had the same experience is a relief to families who have seldom spoken about mental illness to neighbors, friends, or often, even relatives. Learning that others have been able to work out some common issues can inspire hope. NAMI SW WA has two family groups. Each meets once a month, one is on the 3rd Tuesday of the month and one is the 4th Tuesday. Both are held at our Vancouver office from 7:00 to 8:30 pm and are led by Don Greenwood and Kay Roberson. These are drop in groups, and families dealing with issues regarding mental health will find either or both groups very helpful. In addition, to meet family requests, we will be starting a weekly Family Support Group in the near future. Watch this space to find the start date..
- **We Are On Facebook.** Like us on Facebook at www.facebook.com/NAMISWWA and keep up with the latest news and happenings.
- **Family to Family** will begin a new class in April. Those on the signup sheet will be called in the next week. If you would like to attend this 12-week educational program, please call our office (360-695-2823) to sign up.



NEWS

March 2015 began with shock and grief in our Cowlitz Community. Alisha McLeod, a 29 year old young woman who had just graduated from drug court and was working hard at turning her life around, was murdered. The accused was a friend in her recovery community that she was trying to help achieve and maintain sobriety. Many of Alisha's closest friends and recovery family are associated with Longview Goodwill Work Opportunity Center where the grief, sadness and disbelief was intense. NAMI was asked to facilitate grief support group meetings which are still being held on Wednesdays at 3-4:30pm at the Goodwill Work Center and are open to anyone who's life was touched by this tragedy. The Center's management welcomed us warmly giving a tour of their facility and programs, and we've exchanged program literatures to mutually refer clients to needed services.

Our STRivE psychoeducational support group has doubled in attendance. Several of our members have attended NAMI volunteer orientation and are committed to our continued growth in their community. A group of us are going to meet at the Lake every Monday for fresh air and exercise. The "1 o'clock Walkers" hope to increase frequency as the weather warms.

A new Family Support group is being offered from 6-7:30pm starting April 2nd. This will become a NAMI Family to Family group when enough trained co-facilitators become available.



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RETURN SERVICE REQUESTED

Help support the one in four Americans who will be affected by mental illness this year.

Thank you for being part of the team!

National Alliance on Mental Illness

- ANNUAL MEMBERSHIP - \$35.00
- OPEN DOOR ANNUAL MEMBERSHIP - \$3.00

(No one is refused membership due to economic hardship)

- DONATION \$ _____
- ★ We are a registered non-profit organization 501(C)(3) and donations are tax deductible.

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- NAMI Membership Includes:**
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 - ★ Washington Friday Facts, weekly e-mail by request
 - ★ NAMI SW WA Newsletter, monthly

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