

NAMI
National Alliance on Mental Illness
Berks County
P.O. Box 6642
Wyomissing, PA 19610
610-685-3000

**Mental Health
Wellness & Recovery Program**

including
WRAP
Wellness Recovery Action Plan

**Program
Registration Form**

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

I am a NAMI Berks member ____ **yes** ____ **no** ____ **want to join**

The WRAP program is offered at no cost to NAMI members. If you are not a NAMI member, and would like to join, you may send payment of dues with this registration form to the address above.

Annual membership dues are \$35.00 for family members and \$3.00 for individuals. Membership is open to anyone who supports the mission of NAMI. The mission of NAMI Berks County is to improve the quality of life for individuals and family members who lives have been affected by mental illness through education, support and advocacy. A donation in the amount of membership dues is requested for nonmembers.

Please feel free to call the NAMI Berks County office with any questions at 610-685-3000. Thank you.