



HomeFront Training Registration Form

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

DOB: _____ Female: _____ Male: _____

Race (Please check): Caucasian African American Latino Native American Asian Other _____

Military Status (please check if applicable): Active Duty Reserve/Guard Veteran Retiree Family Member

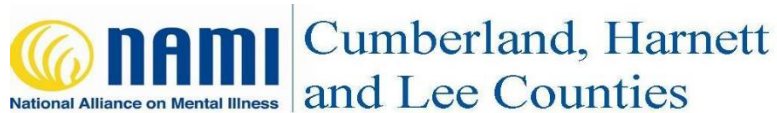
NAMI NC Affiliate: _____

Relationship to the individual with a mental illness: _____

Individual's mental illness diagnosis: _____

Age Range of person attending class: 0-17 18-30 31-49 50-64 65+

Please mail or email registration form to:



PO Box 87502 Fayetteville, NC 28304

Email: namicumberland@gmail.com

For additional information call 910-223-5244 or 910 396 6067

Visit our website: www.namichl.org