

NAMI Schenectady E-News

May 1, 2018 edition

Acting Editor: Cynthia Seacord

Send address changes and comments to: namischenectady@gmail.com

or contact temporary acting editor at 518-374-8071 (home #)

Support Group Meetings

- **Ellis Hospital** – Classroom B-3 (B-wing, 3rd floor) Wednesdays at 6 pm. Counselor Kevin Moran meets with families and friends of adults living with serious mental illness. Contact Kevin if new (hospital phone 518-243-4255). Park in Radiation Lot on Rosa Road, press button for security to buzz you in, or use parking garage, follow signs to B wing, take elevator to 3rd floor.
- **CDPC** – Family Resource Room at the Capital District Psychiatric Center, 75 New Scotland Avenue, Albany, near Albany Medical Center on Tuesdays at 5 pm. Frank Greco, Dir. Of Family Services, leads. Register at 518-549-6816. Frank will also meet with Schenectady family members at the Community Support Center at if there is enough interest.

NOTE: Your family member is not required to be getting treatment at either facility in order for you to attend these insightful meetings.

Up-Coming Programs at CDPC's Family Resource Center 5-7:30 pm.

- **May 1, 2018** Kirsten Don Vito, Deputy Commissioner, Dept. of Rensselaer County Mental Health, will present “Mental Health Services in Rensselaer County”. Her talk will give listeners an overview of the types of services that a typical county mental health department in New York offers.
- **June 5, 2018** OMH's Christopher Coyle and John Stenson, family support and advocacy specialists, respectively, will talk about “Community Integration as a Discharge Planning Tool,” a must-attend for those seeking ideas and information about how their loved ones can best “re-enter” their community.

Roy Neville, Advocacy Icon, Steps Down as E-News Editor

See page 2 for editorial **Roy Steps Down** -

Who Are We?

NAMI is the National Alliance on Mental Illness

NAMI Schenectady is a not-for-profit, self-help organization of active and concerned families and friends of persons with serious, persistent mental illness, the most common of which are schizophrenia, bipolar disorders, and severe depression. We are the local affiliate for Schenectady County of NAMI-New York State, and are also affiliated with NAMI at its national level. Our goals are to educate persons impacted by mental health challenges, whether they be their own or their friends and relatives, because knowledge helps to make our experiences less frightening. We provide support for those who suffer directly and indirectly from mental illness, inform our members about research on brain disorders, and work within our community to advocate for an end to stigma and a better life for our friends and loved ones.

May is Mental Health Month

Even though spring is late in coming, May is here. During Mental Health Month, what will we as individuals and as members and friends of NAMI do to make our families, friends and community more aware of mental health issues?

We ask that you take a look at the display window at the Woodlawn Branch of the Schenectady County Public Library that members of NAMI Schenectady will decorate in recognition of Mental Health Month.

Are you part of a book club, or do you participate in a social justice group at church, or are you a member of a seniors group at a community center where you could share NAMI brochures and information or invite someone from NAMI in to come and speak? (see pg.2)

May is Mental Health Month (cont'd from page 1)

We will be looking for a few businesses willing to display the colorful white and blue NAMI ribbon, and get some anti-stigma information out into our community.

NAMI Schenectady will also have a display table under the "tent" at Craig School on N-CAP's NiskaDay, Saturday May 19th. Stop by for information and to speak to a NAMI member about membership, our Family to Family course, and your concerns.

We want to get out NAMI's message of hope and recovery to others, especially those who may be despairing. We want to bust a few myths, especially through educating the public that people are not "crazy" but ill. We want people to know how treatable mental illness is, not just with medications, but with counselling and good health. Finally, we will continue to advocate for services that meet individual needs, dreams, wishes and goals.

Contact us if you want to become involved! **No effort is too small. We need volunteers!**

Roy Steps Down

Dear NAMI-Sch'dy Newsletter readers;

I am greatly saddened to hear of the last printing of the NAMI-Sch'dy newsletter by Roy Neville. It will be a great loss to all of us who have received this vital information. It took years for Roy to become familiar with all of the 'players' who impact the lives of those with mental health issues.

In putting together this newsletter, Roy didn't just 'talk-the-talk'; -he literally 'walked-the-walk'. Roy met personally with directors of: housing, Section 8, Social Services, political figures (local and state), mental health providers, people receiving mental health services, etc. – interviewed these people and printed his findings in the newsletter. Roy also hand-delivered newsletters to many of these facilities.

Readers were privy toimportant announcements, about state and federal budgets, available programs and services (and the list goes on-and-on).

I remember the day that Roy Neville came to the weekly NAMI-Schenectady support meetings (in the early 80's). Before he arrived, I was aware that as members- we needed to do more than just tell our stories to one another. However, I wasn't sure how to begin.

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When Roy arrived, it was like a 'breath-of-fresh-air'. Roy began talking about expanding our mission by getting the mental health issues out to the public. Through Roy's initiatives, some of us were able to begin the important advocacy needed in order to bring into the public's view the dire needs of our loved ones.

We began to lobby and meet with city, county and state officials. Roy started a wood-working program, gardening and other programs for those receiving mental health services. NAMI-Schenectady also began an annual program that included mental health professionals (it included a number of workshops and speakers), bringing together all people involved with mental health issues to work as a 'team'.

Roy also got (older) computers from G.E. which were delivered to the 'Y' for our folks to use. Roy also was able to 'break through' to get several of our members on the Community Service Board sub-committee who spoke there on behalf of our loved ones. (These ...days ... family members were shunned, with great difficulty in communicating our concerns).

When Roy became president of NAMI Schenectady, he continued the growth of the organization. (He recognized the importance of the support group but also getting the info out into the public). This effort included the important monthly meetings with the members having the opportunity to hear from different speakers regarding mental health services, budgets, etc. Roy saw that continued communication with all NAMI members (always asking for our opinions and input) was the glue that kept us together and working as a team.

Through Roy's initiatives, NAMI-Schenectady made displays for Mental Health Week and Mental Health Awareness month for all in the community to view. Roy also put on annual forums at the public library for those in the community who could find value in the information.

Roy saw to it that NAMI Schenectady put on a summer picnic and a December holiday banquet. (He realized these events provided an opportunity to bring together people who otherwise were unaware of NAMI to meet our loved ones in a relaxed, pleasant atmosphere. (It made others aware that although our loved ones have a disability, one can look beyond to see their many abilities.

Hold it! There's more! Among some of the activities Roy and (other enlisted carpoolers) (cont'd)

Roy Steps Down (continued from page 2) have taken mental health service recipients on: hikes, apple picking, football, baseball and hockey games, cross-country skiing, gardening, Jumpin Jack's-Freedom Park concerts and fishing. Roy has taken the time to drive members down to the Albany Capitol to rally and meet with legislators. Roy also helped to (get our members to be part of) the weekly support group held Wednesday evenings sat Ellis Hospital, run by the wonderful, dedicated Kevin Moran....

Roy's constant e-mails and telephone calls to all members to encourage us to continue the activities, is what has kept us positive and motivated, while at the same time, as a parent, Roy has experienced the anxiety, worries and concerns that we have had in dealing with a loved one with life-long disabilities.

They say 'one person can make a difference'-and Roy Neville has proven this. Roy has accomplished so much for others, on top of dealing with everything in his own life.

So, although I am saddened that we will no longer receive the NAMI Schenectady newsletter as we have known it, it's more than understandable that Roy Neville has earned the high praise from all of us, and hope he now gets more time to do things he didn't have time to before.

Submitted by Flora Ramonowski, a long-term member of NAMI Schenectady, who is also active in the League of Women Voters, and is one of the founders of the AMI Mommies group. Roy will continue to write articles for our newsletter! Thanks, Roy!*

Family to Family Course Begun in Saratoga Springs – Course Planned for Schenectady

With the recent NAMI certification of instructor, Anne Marie Heim (photo lower left) we are happy to announce that we are planning a Schenectady-based Family to Family class to be held at the First Reformed Church in the Historic Stockade. We are looking for Schenectady County and other Capital District people interested in attending this important, free NAMI course. NAMI membership is not a requirement, but you do need to have a friend or relative 18 years and older with mental illness. The course will provide you with support and plenty of information, including a crisis file, and some great skills and ideas on how to better communicate with your loved ones as well as with mental health care professionals. Interested? Contact Cindy Seacord (518-374-8071) Dotte Coon (518-429-5047), or Anne Marie Heim (518-393-5410) and someone will call you back. Class is tentatively set to begin on either June 4th or 11th (Monday evenings) with more details forthcoming.

AMI Mommies News

We are keeping several members who have run into their share of illness in our thoughts and prayers, with hopes that the return of good weather brings with it health and resumption of our lunch meetings. Are you a mom who wants to join us for lunch, where you will get support from and give the same to other mothers of persons with mental health issues? Contact us to join at namischenectady@gmail.com. Schenectady area restaurant suggestions are welcome too!

Tour of SCAP HQ Yields Crisis Information

We thank our gracious hostesses from the Schenectady Community Action Program who gave some of us a tour of its headquarters at 913 Albany Street on March 30th. Not only did we get to see the facility, but we also got vital information to share with families and persons in recovery concerning five SCAP neighborhood resource centers in Schenectady that provide help to persons in crisis in our community. In addition to its headquarters, SCAP has 4 offices: an office at 600 McClellan Street Ellis Health Center (weekday hours from 8:30-4:30), Hometown Health at 1044 State Street, open the same hours on Thursdays; on Wednesdays from 10:30-6:30. SCAP can meet with people at its Schenectady County Public Library desk downtown Schenectady, (story continued on page 4)



NAMI Schenectady's newest Certified Family to Family Instructor, Anne Marie Heim (center), and friends.

(See related story in upper right this page)

SCAP CRISIS INFO (continued from page 3) and finally, during fall and spring semesters, at Schenectady County Community College at 78 Washington Avenue, a SCAP help desk is available for students and faculty. The SCCC location recommends you call first for hours at 518-407-7068. SCAP can help those in crisis obtain access to many community emergency resources. Its dedicated staff helps people locate transitional and permanent affordable housing, obtain counsel and case management, mediates disputes between landlords and tenants, and assists in completing public assistance applications and forms. During tax season volunteers help with tax assistance. SCAP can intervene with City Court Evictions, and advocate for clients with DSS and National Grid. A person in recovery and his parent who were part of our entourage were pleased to find out just how much SCAP could help with the seemingly overwhelming amounts of “red tape” that recipients of services get in the mail monthly. The great thing is, if SCAP cannot directly help, they don’t leave a person hanging, but will refer you to someone who they know can help! For more information see www.scapny.org.

Cracking the Code Brings NAMI Schenectady Website Back to Life

We are finally able to resurrect the NAMI Schenectady website. We got its host company to work with our acting webmaster. So far, John was able to update website sections most in need of it. Two big project remain, namely getting the “ancient” community service directory and helpful appendixes updated. Our dearly departed former ‘master’ Mike Abair can now truly rest in peace, knowing that his gift of creating the original website will remain and is being used. Watch for our progress at www.namischenelectady.org.

NEXT NAMI MEETING PLANNED FOR MAY 21

Darin Samaha from the Office of Community Services joins us 5:30 pm on Monday May 21st in the downtown Schenectady County Public Library’s Swanker Room, with updates on County initiatives, including state-run community supported housing, that impact our folks. **Join us** for coffee, goodies, fellowship and news.

The Benefits of NAMI Membership

- Membership at all 3 levels: NAMI, NAMI-NYS and NAMI Schenectady
- Eligibility to vote in all NAMI elections
- Subscriptions to NAMI Advocate, NAMI national’s excellent magazine, as well as access to optional subscriptions and information at the three levels
- Discounts on publications, promotional items, and registration at NAMI’s annual convention, and at state and local NAMI conferences.
- Access to exclusive members-only material on NAMI’s website www.nami.org

See dues information & membership blank on back.



Forum on Opiates at Library Focuses on High-risk Drug Fentanyl – by Roy Neville

Schenectady County has witnessed a rapid rise in overdose deaths due to opioids in the past few years. This so-called “Opioid Epidemic” is partly caused by the startling addition of an inexpensively produced synthetic drug, fentanyl, related to heroin, into illegal drug supplies. Fentanyl is said to be much more potent than heroin, and drug users don’t know when the heroin they buy has been cut with it or with another synthetic drug, carfentanyl, said to be 100 times more potent than fentanyl. Also, the over-abundant prescribing of pain killer medicines by doctors has contributed to the swelling numbers of opioid deaths, an audience of over 50 was told at a League of Women Voters forum at the downtown public library April 25. The presentation, entitled “The Opioid Epidemic in Schenectady—How Does this Affect Me?” was given by a panel of professionals: Darin Samaha, Schenectady County Community Services Director; Lisa Ayres, interim County Public Health Director, Nancy Jones and Laura Combs of New Choices Recovery Center, Dr. Carlton Rule of Ellis Hospital (see **Fentanyl article** continued on page 5)

(Fentanyl article continued) Medical Group, and Taylor Rabii, a former substance abuser in long-term recovery who is co-chair of Schenectady Friends in Recovery and a founder of Youth in Recovery.

The largest number of overdose deaths in Schenectady continue to be from legal opioid-based prescriptions such as oxycodone, hydrocodone, codeine and vicadin, data from New Choices Recovery Center revealed. These drugs are often prescribed to young and old alike for pain relief. Their “street” popularity as drugs that give one a good “high” has resulted in them getting into the wrong hands and being abused. Physicians and the drug companies have been faulted for making the drugs so easy to obtain. However, it is heroin, now cheaper to buy on the street than pills, that has caused the second most overdose deaths in recent years, while heroin laced with the two aforementioned synthetics has become the third most frequent cause of overdose deaths in an alarmingly short time.

In the past, citizens have felt drug abuse is “not my problem,” Darin Samaha said, but “this isn’t anybody else’s problem—it’s for all of us. Everybody in this room has someone he or she knows who has taken these drugs.” We all need to do what we can to reduce the number of these tragic deaths, he said. We can join the county’s Substance Abuse Coalition for prevention and education, or learn how to administer Narcan (naloxone), an opioid antidote that saves lives when someone has overdosed, for example. Statistics provided from the Center for Disease Control indicate that there are now more deaths due to drug overdose than there are from shootings or car accidents. A local survey of 68 people being treated for opiate addiction, with an average starting age of 22, revealed all started on prescription opiates. Of these nearly half started using by getting their hands on the medications of their friends or relatives. 65% began trying heroin after a year because of the higher cost of pills, and difficulty accessing them. 18 of the 68 started heroin after experiencing roadblocks in obtaining opioids because doctors curtailed long-term prescriptions, and more sophisticated methods for reducing multiple prescriptions going to the same patient came into use.

These pain killers are extremely addictive. Slides presented to the audience showed how quickly the addictive process can develop and alter the brain, especially its reward system and in particular, its dopamine levels. Even after 100 days off these drugs,

one’s brain function does not get back to “normal.” Dr. Rule said. Ellis Medicine is giving special narcotic prescription training to assist physicians in closer monitoring of medications. More drug testing is being used, to determine first that patients are not overdosing, but also to ensure that they are taking their own meds and not diverting pills to others.

Taylor Rabii, a young man who said he is still in recovery, talked about how, as a teen, he and his friends tried alcohol, and later on, drugs because “we were bored.” Unfortunately, his usage went from pot to pills, and from there, to heroin, which he started shooting as a senior in high school. Like many drug abusers, Taylor never believed drugs would take over his life. He lost a job, and even dropped out of college, but remained in denial until after his arrest, when police found drugs found in his car after an accident. Drug court and treatment at Hope House changed his life forever, so in his new job, and thankful for recovery, Rabii tells young people, “You don’t need drugs to be happy.” As Prevention Director for New Choices, Nancy Jones said alcohol remains the number one drug of abuse. Heroin isn’t the main drug abused in high school, but by age 18-19, for many, it is. Some young Schenectadians get prescription painkillers from others, so “we’re working with other agencies, the schools and the faith community, on prevention,” she noted. Laura Combs, the agency’s clinical director, said the professionals at New Choices are still very much concerned about alcohol, marijuana and cocaine use, along with opioids, in Schenectady, and they work hard on prevention, education, treatment and referrals. New Choices received a \$198,000 state grant a year ago to begin work to open a methadone clinic at 846 State Street. A lengthy process goes on before such a clinic can open. Meanwhile, people in the methadone maintenance program have to travel to Albany or Amsterdam for care.

Laura summarized, “Drug addiction isn’t a simple problem. It’s complicated, with many causes. We need to participate together to stay on top of it.” Nancy Jones encouraged all attendees to do one simple thing to aid in prevention, namely, to get rid of medications one is not using by taking them, no questions asked, to designated drop-off spots on special days, like Saturday, April 28, or at places this can be done on any day, like CVS pharmacies and the sheriff’s department.

Note: Edited by C. Seacord

NAMI Schenectady's Board of Directors are: Cindy Seacord, President; Bob Corliss, Vice President; Roy Neville, Secretary; Glenn Raymus, Treasurer; At Large Directors: Kevin McCormick, Annette Kane and Art Collins.

WANTED: Editor for Monthly Publication 7 pages maximum length, e-news and hard-copy. Template provided. Experience preferred, but will train. Contact Cindy Seacord (desperate!) at (518)374-8071. Preferred: Self-starter with good spelling and PC computer skills.



Forwarded by Roy Neville from NYARPS Riveting Article On Anger and Violence

Summarized by Elena Kravitz of NYAPRS, April 6, 2018, who writes: In the following timely piece, Slate's Laura Hayes explores what we know about those who commit violent crimes and asks how can we recognize them and take the right actions to avoid future violent acts.

She concludes that these crimes are actually committed by “violent people, almost always men, who are lonely, isolated, blame others for their problems, and (who) lack the skills to manage anger.”

Because of a general lack of understanding of “mental illness”, we see troubling stereotyping is not just wrong but that it gets in the way of finding a real solution to our violence problem. People who are violently angry are not mentally ill by our current standards. Instead of treating them, we call them names; we avoid them. Can we do better than that? Where are the answers? Since so many mass shooters, for example, are young school aged men, we can look to those schools that are on the cutting edge of dealing with crisis. For example, Peace of Mind in D.C., <https://teachpeaceofmind.org/>, and Mindful Schools in California, www.mindfulschools.org, who each offer a curriculum for mindfulness; and Peace In Schools, www.peaceinschools.org/, which provides

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programs for teens and training for teachers. Each of these programs provides much needed skills for coping with emotion and stress reduction for all kids. They can also serve to identify kids who are struggling the most with these skills.

Anger Isn't a Mental Illness. Can We Treat It Anyway?

By Laura I. Hayes, Ph.D, in SLATE, April 6, 2018. (shortened version) We've seen it in mass shootings again and again—anger is the predecessor to violence. Can we find these people, and help them before they kill?

We know who they are long before they do it. Before people kill, they espouse hatred and blame others for their problems. They are verbally abusive and threatening. They look for the confrontation in every interaction. They deflect kindness. They curse at strangers.... We are repelled by their hostility, but at the same time they infuriate us, and we want to strike back. Even in the field of mental health, where we strive to suspend judgment...you might hear: “I'll tell you his diagnosis—he's an asshole.”

There is an identifiable population that is extremely dangerous, volatile, and likely to commit violent crimes, but is not diagnosable as mentally ill. The pattern we see ...is that people who act out in violent ways are men who already have an established pattern of being threatening, cruel, and violent. They often have been perpetrators of domestic violence.... They have a chronic pattern of failure to modulate their aggressive feelings... Violent crimes are committed by violent people, almost always men who are lonely, isolated, blame others for their problems, and lack the skills to manage their anger.

The Parkland, Florida, killer had years of violent, outbursts. He had made threats to numerous people and carried out physical assaults. Multiple people had called the FBI before the shooting to report that they thought he was dangerous, including his mother, who said he had “anger issues.” The Pulse nightclub killer in Orlando, Florida, was involved in violent altercations as a teen and had a history of violent spousal abuse..The Columbine killers created a website where they posted death threats against specific individuals, wrote of their desire to kill teachers and students at the school,...and like the Parkland killer, were known to the police.

The question is what we do with these people. It's a difficult question, because we are put off by them. Their bristling hostility makes it easy to dislike being around them.... We know who these men are.

(see continuation of **Anger** article on page 7)

(continuation of **Anger** article from page 6)

As we have tried to understand, as a society, what would cause someone to commit this kind of violence, we have considered the notion that these people are “mentally ill.” It has been suggested that we can ensure our safety by taking guns away from the mentally ill. The message works because of a general lack of understanding of “mental illness.” In reality, the vast majority of people with mental health diagnoses are sad and anxious rather than violent....When we talk about mental illness, we are talking about the stressed working mom,... the grieving widower down the street, the anxious child. Twenty percent of all US adults have some form of mental illness, but very few of them have mental illness that will increase their likelihood of violence. Even in the smaller group of people with a serious mental illness, violence is extremely rare. It can happen: Paranoid schizophrenics can occasionally be violent when they are having an episode of psychosis. But paranoid schizophrenia is very rare, and paranoid schizophrenics have been involved in only two of the 49 mass shootings since 2011.

This ... stereotype is not just wrong; it gets in the way of finding a real solution to our violence problem. The people who commit violence are emotionally disturbed: anger is a normal and important emotion, but their ability to manage their angry impulses is severely compromised. And yet, people who are violently angry are not mentally ill by our current standards. Instead of treating them, we call them (names) and we avoid them. Can we do better than that?

These people have spent their lives emotionally out of control. When we acknowledge that this is a pattern, we can begin to address the underlying issues feeding violence in this country. And it extends beyond mass shootings. This is also the problem of the police officer who becomes predator rather than protector of the peace, prison guards who torture prisoners, and the people at political rallies that promote or act out violence against perceived political enemies. We are a culture with serious anger issues. We can begin to address the issue by understanding what anger is, how it can be healthy, and how it can get out of control.

Recent advances in neuroscience provide us with a picture of anger at the physiological level, and an understanding of how it can go awry. Our brains... allow us to quickly assess our environment, determine whether there is danger, and respond—the fight-or-flight mechanism. When we perceive a threat... we rapidly shift into a state of hyper-alertness. Blood shifts to our extremities, we breathe faster, and the heart pumps faster. These physiological changes get us ready

to fight or flee....Long ago, evolution determined that this system helps keep us alive in the wild.

But how we judge things to be safe or threatening is a nuanced, individual process. Neuroscientists like to say that brain cells that fire together, wire together. Brain cells establish “habits.” The individual who exhibits dangerous anger dysfunction and is violence-prone is stuck biologically in a never-ending cycle. This is a brain that has never effectively learned to calm itself. This is why violence predicts future violence.

When we acknowledge that this is a pattern, we can begin to address the underlying issues feeding violence in this country. The tools are there to help dangerously angry men before they act on their rage with AR-15s. What we lack is an effective system for getting individuals who are angry, isolated, and dangerous to those who could help them.

So, the first problem in treating them is to find them. Schools are on the front line for identifying these individuals as kids. In the school environment, isolation and hostility can pretty readily be observed....Schools need criteria to identify these kids and get appropriate intervention. They also are at the front lines for providing protection from bullying and a supportive environment for all students....

The next step is for the field of mental health to provide treatment for those students whose needs exceed the school’s available resources. This treatment should integrate the evidence-based, cutting edge findings of neuroscience research to directly address the underlying issues in rage-filled, violent individuals. It is also important that this constellation of symptoms becomes recognized by the police and the court system. Many mass killers have had multiple earlier interactions with the law, but the pattern and potential for violence went unrecognized....Too often, hostile kids identified as “a problem” get a mental health referral, but are quickly dumped because they fit no diagnosis and they are difficult to work with.

This must be done cautiously....Criminalizing emotional distress is not the goal. We should be seeking to heal the individual while protecting the public. This requires...compassion to those who frighten or anger us. (Rarely) is there not an adult who could identify such a child, and see that they get help. The responsibility is on us all not to turn our backs on the ostracized and angry, even when we find them offensive. These individuals need help that is structured, intensive, and comprehensive. If this is the standard offered by society, kids will (learn) how to cope effectively with anger, their own as well as that of others.

Membership in NAMI Schenectady is open to any and all persons interested in mental health issues. Our mission includes caring and concern for persons with mental disorders and their loved ones, advocacy at all government levels, support of research to find answers to the causes and effective treatments for serious mental disorders, and an end to the cruel stigma of having a mental illness. We encourage members to participate in a support group, and offer our members many kinds of opportunities to learn more about mental illness, treatments, issues and solutions. Membership in NAMI Schenectady also makes you a member of NAMI on the state and national level. **Won't you join us?**

NAMI Schenectady is a non-profit 501(c)3 organization.

(NOTE: To correct or remove your name from our mailing list, please send your name and address (and/or e-mail address) to us at namischenectady@gmail.com or contact acting editor C. Seacord at 518-374-8071 and leave a message.)

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(x) annual membership dues type: ____ individual \$40
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