



NAMI
National Alliance on Mental Illness

Charleston Area

JUNE, JULY, AUGUST 2017

www.namicharlestonarea.org

<http://www.facebook.com/namicharleston>

Summer Meetings and Events Schedule **Please Retain for Future Reference**

First Tuesday of the Month

Support: 6:00 PM

June 6th, (**July 4th** WILL NOT MEET DUE TO HOLIDAY. Instead will meet **July 11**), and August 8th.

Consumer and family member support groups meet. (Fellowship Hall beside the church)

Moncks Corner Baptist Church
500 E. Main Street, Moncks Corner

First Thursday of the Month

Support: 6:00 PM June 1st, July 6th, and August 3rd.

Family Support Group: Nursery Room 11
Connections: Nursery Room 12

Seacoast Church
750 Long Point Road, Mt. Pleasant
(Enter from Long Point Road)

2ND and 4TH Wednesday of the Month

NAMI Connection Support: For those people in recovery with mental illness.

1:30 PM: June 14th and 28th, July 12th and 26th, August 9th and 23rd.

Charleston Dorchester Mental Health Center
2100 Charlie Hall Blvd., Charleston

There will be no Board meetings during the summer. They will resume in September.

Second Monday of the Month

Support: 6:00 PM-7:15 PM

June 12th, July 10th, and August 14th.

Consumer and family member support groups meet.

WE WILL CONTINUE TO MEET AT SEACOAST CHURCH FOR THE SUMMER.

There will be no educational speakers for June, July, and August.

Seacoast Church (West Ashley)
2049 Savannah Hwy, Suite H, Charleston

The receptionist inside the main entrance will direct you to the proper room.

Third Monday of the Month

Support: 6:00 PM June 19th, July 17th, and August 21st.

Consumer and family member support groups meet.

Bethany United Methodist Church
118 West Third South Street, Summerville

Call Eric at 843-872-5080 or e-mail at <mailto:footsiemd@yahoo.com> for more info.

NAMI Charleston Area Newsletter is published monthly By: NAMI Charleston Area, 8112 Saveur Lane, North Charleston, SC 29406 Phone (843) 872-5080.

Comments or suggestions for articles may be Sent to the editor at 1913 Sandcroft Drive 29407 or e-mail at pmjroddy@aol.com.

Website: www.namicharlestonarea.org
Webmaster: Larry Debevec

NAMI Charleston Area Board of Directors

Officers

President	Eric Hansen
Vice President	Jane Wright
Treasurer	Robert Taylor
Secretary	Joan Gaetke

FOURTH THURSDAY OF THE MONTH

NAMI Connections Support Group
3:00-4:00pm: June 22nd, July 27th, August 24th.

Berkeley Mental Health Center
403 Stoney Landing Rd.
Moncks Corner, SC 29461

MYRTLE BEACH AREA FAMILY SUPPORT GROUP

First Thursday of the Month

Family Support: 6-8 PM June 1st, July 6th, and August 3rd.

Our Lady Star of the Sea Catholic Church

1100 8th Avenue North
North Myrtle Beach, SC 29582

Facilitators: Ken and Karen (843-281-0245)

HELP SUPPORT NAMI CHARLESTON AREA WHEN USING AMAZON SMILE

NAMI Charleston Area is in the process of registering with Amazon Smile to receive donations.

Amazon donates 0.5% of the price of your eligible AmazonSmile purchases to the charitable organization of your choice.

All you have to do is choose NAMI Charleston Area to be the recipient. Then make your purchases as usual.

If you are going to buy – please consider helping NAMI CHARLESTON AREA in the process.

Please visit smile.amazon.com

CIT TRAINING DATES VOLUNTEERS NEEDED

This is a great opportunity to interact with law enforcement and help them learn better techniques and to personalize these types of crisis situations for them.

June 22-23:Charleston County Sheriff's Office

July 13-14:Charleston City PD

August 10-11: North Charleston PD

August 17-18:Charleston County Sheriff's Office

Aug.31-Sept.1: Al Cannon Detention Center

If interested, please contact Eric Hansen (843-872-5080).



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Application for Membership Includes National, State, and Local Newsletters.

Please make check payable to **NAMI Charleston Area** and mail to the address shown below. **If you prefer you may utilize the secure website at www.nami.org.**

Please check one of the following: Individual/Family \$35.00 Open Door* \$3.00 Donation \$ _____

*Annual membership fee for individual/families/consumers with limited means.

I am a: Family member Sibling Parent New Member
 Consumer Spouse Professional Renewing Member

Name _____ Organization _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____

Enclosed is my check in the amount of \$ _____



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