NAMI Missouri
National Alliance on Mental Illness

Board of Directors Nominating Form

Name of person being nominated: _____

NAMI Missouri member? ☐ Yes ☐ No Join date: _____ Affiliate: _____

Name _____ Phone _____

Address _____

Email address _____ Employer/ Position _____

Relevant skills or life experience, including past experience with NAMI:

NAMI Missouri bylaws require that all board members are either living with a mental illness or mental health condition or have a family member who is living with a mental illness or mental health condition. Please describe whether this applies to you, using whatever level of detail with which you are comfortable.

For nominating committee use

Nominated by: _____

☐ Contacted Date: _____

Notes:

Email completed form and resume, if available, to NAMI Missouri at info@namimissouri.org.