



## Board of Directors Application Form

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Are you a NAMI Missouri member?    Yes    No    Join date: \_\_\_\_\_ Affiliate: \_\_\_\_\_

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. Please describe whether this applies to you.

What skills or assets will you bring to the NAMI Missouri Board of Directors and how will these skills benefit NAMI Missouri's Organization and its members?

Relevant experience, including experience with NAMI:

Is there anything else you'd like to add?

Name of NAMI Missouri Member making the nomination/ recommendation: \_\_\_\_\_

For nominating committee use

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Contacted      Date \_\_\_\_\_

Notes:

Email completed form and resume, if available, to NAMI Missouri at [info@namimissouri.org](mailto:info@namimissouri.org).