



## **Family Chapter Leader's Agreement**

Send signed copy to National Stuttering Association office:

**Mail:** 119 W. 40th Street 14th Floor New York, NY 10018

**Fax:** 212-944-8244

As a chapter leader of a local Family Chapter of the National Stuttering Association, I agree to abide by the following tenants:

- I will provide a safe, supportive environment for a person who stutters (PWS) and his or her family member(s)
- I will help people who stutter establish connections with other people who stutter
- I will provide a safe place to gain information about stuttering
- I will provide a safe place to practice speech techniques and therapies
- I will follow the established policies and procedures of the National Stuttering Association as set forth by the Board of Directors and the Family Chapter Leader's Manual
- I will give information and permission to the NSA National Office for the purpose of obtaining a background check
- I am not aware of anything that would prohibit me from serving as a Family Chapter Leader
- I understand that names of NSA members cannot be sold, rented or distributed without prior written approval from the national office
- I understand that the persons in attendance at Chapter meetings are entitled to be treated with respect and to have the information they share kept confidential

Signature page to follow

I hereby agree to the terms of the Family Chapter Leader's Agreement, acknowledged by signing below.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Chapter Location: \_\_\_\_\_

Leader Contact Email: \_\_\_\_\_

Leader Contact Address: \_\_\_\_\_

\_\_\_\_\_

Leader Contact Phone: \_\_\_\_\_

Leader Contact Fax: \_\_\_\_\_

**FOR EXISTING CHAPTERS ONLY:**

Meeting Days/Time/Place: \_\_\_\_\_

\_\_\_\_\_

Current Average Number of Attendees: \_\_\_\_\_

How long you have been attending meetings at this Chapter (if applicable):

\_\_\_\_\_