NATIONAL STUTTERING ASSOCIATION
CHANGING THE LIVES OF PEOPLE WHO STUTTER

CHAPTER LEADER AGREEMENT

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

- Provide a safe and supportive environment for all persons who stutter (PWS)
- Help people who stutter establish connections with other people who stutter
- Provide a safe place to gain information about stuttering
- Provide a safe place to practice speech techniques and therapies
- Follow the established policies and procedures of the National Stuttering Association as set forth by the Board of Directors and the Chapter Leader's manual
- Understand that names/personal information of NSA members cannot be sold, rented or distributed without prior written approval from the NSA National Office

All Chapter Leaders acknowledge this by signing below

Name(s) of all Chapter Leaders & Co-Leaders

_____

Signature of Chapter Leader & Co-Leaders

_____ _____

Chapter Leader Contact Email(s)

_____ _____

Chapter Leader Contact Phone Number(s)

_____ _____

Chapter Location (incomplete addresses **will not** be approved)

_____
Business/Building Name

_____
Street Address Suite/Room # City/State Zip

Meeting Days & Time (eg: 3rd Saturday of each month, 1st Wednesday of each month, etc)

_____

Date of First Meeting

_____