



Peer Leadership Council Application Form

Name:

NAMI Missouri member? Yes No Year joined: Affiliate:

Email: Phone:

Address:

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

The Peer Leadership Council (PLC) Representative must be a person 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.

Signature or initials

Date

For Board of Directors/ nominating committee use

Notes:

Email completed form and resume, if available, to NAMI Missouri at info@namimissouri.org with "Peer Leadership Council" in the subject line.