



Service Members, Veterans and their Families Council (SMVFC) 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 Service Members, Veterans and their Families Council (SMVF) Representative must be either a current or former military service member or veteran or living with a mental illness or mental health condition, or the family member of a current or former military service member or veteran 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 "Service Members, Veterans and their Families Council" (or "SMVFC") in the subject line.