

## Application Form for Obtaining Initial NAMI Affiliate Status

### Process for Endorsement by the NAMI State Organization

1.	The group seeking initial affiliation with NAMI submits this application with the required information and documentation to the NAMI State Organization for endorsement. The NAMI State Organization reviews the application and documentation to determine that the applicant group meets the following criteria:
a.	A name consistent with the NAMI naming policy. <i>“The name of each Affiliate shall begin with “NAMI” followed by a geographic designation of the Affiliate’s local vicinity (e.g., NAMI Anywheretown, NAMI Anywherecity, or NAMI Anywherecounty).”</i>
b.	The stated mission is consistent with the NAMI mission. <i>“NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.”</i>
c.	Meets the feasibility for a new affiliate in the geographic region and determines their intention to meet identified needs in the community.
d.	Understands the Standards of Excellence and is familiar with the NAMI State Organization’s Model B Affiliate Handbook. <i>(Understands that it will begin to operate as a Model B Affiliate that is unincorporated without bylaws and without a board of directors as a program/division operating under the NAMI State Organization and all its governing policies and procedures.)</i>
e.	Meets the required initial minimum membership of five.
f.	Submitted a year-long Affiliate growth plan and has two trained teachers or facilitators to deliver at least one of the NAMI education programs or support groups.
g.	The application is signed by the applicant group’s chair of the steering committee.
2.	The NAMI State Organization’s Board of Directors endorses the application during its board meeting and documents the action in their board meeting minutes. The board president signs the application where indicated.
3.	The NAMI State Organization uploads the application and all required documentation to the “Organizational Documents” folder in NAMI 360, named “New Affiliate Formation Guiding Documents for NSO,” subfolder “New Affiliate Documents for review,” and informs NAMI that documents are awaiting national office review via: <a href="mailto:newaffiliate@nami.org">newaffiliate@nami.org</a> .
4.	NAMI reviews the application and raises any relevant questions to the endorsing NAMI State Organization. If approved, NAMI sends a Welcome Letter with next steps for official affiliation with NAMI to the applicant group with a copy to the NAMI State Organization within 28 business days.

The chart below offers a short overview of both the benefits and responsibilities of being a NAMI Affiliate.

Benefits	Responsibilities
Visible participation in a well-known national movement that makes a difference in the lives of millions every year;	Operate in accordance with laws and statutes that govern your jurisdiction (e.g. city, county, state).
Membership in a national network that allows you to tap into expertise on local, state, and federal issues related to mental illness;	Collaborate with your NAMI State Organization and NAMI to embrace and conduct business in accordance with the vision, values, and all governing policies and practices of the NAMI State Organization and NAMI.
Support and assistance from your NAMI State Organization and NAMI in developing leadership, expanding the reach in your community, and organizing your advocacy efforts.	Seek to establish and grow NAMI’s presence in your community.

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<i>Note: to be completed by the proposed NAMI Affiliate, signed by the NAMI State Organization</i> <i>* required fields</i>				
1.	*	Name of Proposed Affiliate:		
2.	*	Affiliate Address:		
3.	*	Telephone:		
4.	*	Email:		
<i>Please provide Contact Information for the Newly Formed Affiliate that can be shared on our public website and for NAMI to be able to conduct business with this Affiliate.</i>				
5.	*	Name of the applicant group's Steering Committee Chair:		
6.	*	Name of the applicant group's Advocacy Representative:		
7.	*	Statement of Purpose (consistent with the NAMI mission statement):		
8.	*	<i>(Affiliate's name)</i> NAMI	Agreed to operate as model B under: <i>(add the NSO's name in the cell to the right)</i>	

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<b>Please provide below the Applicant's group membership roster</b>				
	<b>Member's Name</b>	<b>Membership ID # if known</b>	<b>Address, Email, and Phone</b>	<b>What is the name of the Affiliate that NAMI needs to transfer their membership from</b>
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### Proposed Plan for Growth and Development of This Affiliate:

\*According to the NAMI bylaws, the roles and responsibilities of an affiliate include reporting on local issues and needs to NAMI and the NAMI State Organization, and the following activities. Please check the items below that your affiliate is planning to accomplish during its first year:

<b>Examples of Activities</b>	<b>Please name the specific program, support, or other planned for activity</b>
provide NAMI support group(s)	
provide NAMI education programs in the community	
provide local information and referral services	
provide local outreach through community newspapers and bulletins	
interact with local professionals	
involve other community groups in the NAMI agenda	
work with the local media on matters relating to mental health	
engage with NSO on fundraising activities	
engage with NSO on grassroots advocacy on local, state, and federal issues	
provide regular activities reports to NSO	
Other ( <i>please list</i> ):	

\* *Seek approval from NSO on the proposed activities for the New Affiliate*

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**\*In the space provided below, please write the Affiliate’s initial plan for meeting NAMI’s mission in your community:**

**\*Statement of Independence:**

*(Name of the new proposed Affiliate)* NAMI is independent of other agencies and advocacy groups not affiliated with NAMI.

**\*Applicant Group’s Statement of Agreement to Abide by NSO’s Governing Documents:**

The Stakeholder Committee for *(Name of the new proposed Affiliate)* NAMI agrees to abide by the by-laws, mission, Model B operating policies and procedures called the “Model B Affiliate Handbook,” and all other governing documents of *(NSO name)* NAMI. The steering committee, current and any future membership will be expected to work in cooperation with the *(NSO name)* NAMI policies, procedures, and Board of Directors’ guidance. We agree to support the *(NSO name)* NAMI and work as a unified team with the NAMI State Organization and to abide by the NAMI Standards of Excellence, all NAMI governing practices, and exemplify the Affiliates Roles and Responsibility in the NAMI Alliance.

*(Signature of Chair of Stakeholder Committee of)*

*(date)*

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**\* Endorsement by NAMI State Organization:**

The board of directors of *(NSO name)* NAMI  
has approved the following geographic territory as the current service area for  
*(Name of the new proposed Affiliate)* NAMI

At a duly convened Board meeting with a quorum present held on \_\_\_\_\_  
*(date)*

The Board of Directors of: NAMI  
endorses this application for initial affiliate status.

*(Signature of chair of NAMI State Organization)* *(date)*