



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

Type of Chapter (circle one):

NSAKids (ages 7-12); TWST (ages 13-18); Family (ages 7-18); Adult (ages 18+)

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)

_____ AM/PM

Date of First Meeting
