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. Please note that the contact information listed below will be what is used for your chapter listing on our website and in any other chapter advertising.

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

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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

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Chapter Leader Contact Email(s)

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Chapter Leader Contact Phone Number(s)

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Chapter Location
Chapters must meet in a public location (library, office building, classroom, etc), and may not be held in a private home. Incomplete addresses will not be approved.

Business/Building Name

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Street Address  Suite/Room #  City/State  Zip

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

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Date of First Meeting

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