



## Affiliate Development Workgroup

NAMI California is seeking leadership from our local NAMI Affiliates to provide feedback to determine best practices and delineate duties between all levels of NAMI. Each member of this workgroup will be expected to collaborate, share experiences and give feedback to the NAMI California Board of Directors on how to best achieve these goals.

### ***APPLICATION***

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail (Required) \_\_\_\_\_

NAMI Affiliate \_\_\_\_\_

**Consumer** ☐ **Family Member** ☐ **Both** ☐

1. Are you currently or have you ever been a member of your Affiliate's Board of Directors? If yes, have you held a leadership position on its Executive Committee?

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2. Please list memberships and affiliations with other organizations.

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3. Please list any boards and commissions with other organizations.

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4. Where do you believe you can make a difference in NAMI California?

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7. We invite and continually hope to expand the diversity of our team – to extend our reach and representation to racial, ethnic, and cultural groups who have been unserved, underserved or inappropriately served by our systems. If you can offer one of more of these perspectives, please list below – including whether you are bilingual and in what language. Thank you!

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*Signature*

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*Date*

*Please attach your Bio and Résumé if available. Thanks for your help!*

*Pease return to Steven Kite:  
[Steven.kite@namicalifornia.org](mailto:Steven.kite@namicalifornia.org) or  
Fax: 916-567-1757 or mail to:  
Deputy Director  
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1851 Heritage Lane #150  
Sacramento, CA 95815*