

Affiliate To Do List

This final section must be completed by affiliate leadership (i.e.: Program Director, Executive Director, President or Vice President).

☐ I have had a conversation with the ap	plicant about their commitment and res	sponsibilities to our affiliate.
$\ \square$ This person is a current member of o	ur affiliate. Membership Expiration Date	:
☐ This person meets the requirements	to attend this training per the NAMI Was	shington Training & Education Program
Guidelines for 2019, and has the qual	ities to be a successful teacher/present	ter/facilitator.
$\ \square$ Our affiliate will work with this person	n to initiate or continue this program dur	ing the next year.
$\hfill\Box$ I have arranged transportation to the	training for this applicant.	
$\ \square$ A separate deposit of \$50.00, payable	e to NAMI Washington, for each applica	nt is enclosed. I understand that the deposit wil
be returned to our affiliate if this indiv	ridual successfully completes the entire	training. Check #
_		mpleted application and deposit has been ographical areas with critical need, and this will
	in a State Training if our Education Data	
○ Affiliate A○ Affiliate B		
Name of NAMI Affiliate Leader:	Title of NAMI Affiliate Leader:	Name of NAMI Affiliate:
Signature:	Date:	
Email of Affiliate Leader:	Phone Number	er:

Please save a copy of this application for your records. Remember to send a \$50 deposit for each applicant to the NAMI Washington office (1107 NE 45th St, Suite 340, Seattle, WA 98109). These checks will be returned within three (3) weeks of completion of the training, unless the applicant fails to attend the training without prior notice (at least a week before), or if they do not graduate from the training.

1107 NE 45th Street, Suite 340 | Seattle, WA 98105

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