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| **Membership application** |

# Application for Non-Voting Membership

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| **ON BEHALF OF ORGANISATION** | | | |
| Organisation name\* |  | | |
| Phone\* |  | | |
| Email (main)\* |  | | |
| Mailing address\* |  | | |
| City\* |  | State/Territory\* |  |
| Postcode\* |  | ABN\* |  |
| Website URL\* |  | | |
| Social media channel/s and/or handle/s |  | | |

*New member applicants must be nominated by an existing Mental Health Australia member*

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| APPLICANT NOMINATED BY | | | |
| Full name\* |  | | |
| Organisation |  | | |
| Phone |  | Email\* |  |

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| **ELIGIBILITY** | |
| I confirm the organisation applying for membership of Mental Health Australia… | |
|  | Is operational in at least one Australian state or territory,  **AND**  Has primary focus on mental health or other area of social welfare (such as disability, employment, housing, aged care, health, etc.) |
| *Note: You are applying for membership of Mental Health Australia in the* ***Non-Voting*** *category. Different eligibility requirements apply for* ***Voting Membership.*** | |
| Organisational purpose\* | *Please briefly describe the organisation’s primary purpose, including: mission; values; vision and/or objectives. This text will be used to describe your organisation on our website Members’ list.* |
| To the best of your knowledge, has the organisation ever been the subject of any past or present investigation by the Australian Charities and Not-for-Profits Commission (ACNC), the Australian Securities and Investments Commission (ASIC) or similar? | |
|  | Yes  No |
| *Note: If yes, Mental Health Australia may request further information and details of any investigation for consideration alongside this application for membership.* | |

*Non-Voting Members are required to nominate a* ***delegate*** *to represent the organisation and receive all membership related communications from Mental Health Australia.*

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| **DELEGATE DETAILS** | |
| Full name\* |  |
| Job title\* |  |
| Email (primary)\* | *Note: This address will be used for all membership correspondence including renewal reminders, event invitations, payment queries etc.* |
| You will be automatically be subscribed to our weekly CEO Update e-newsletter. Check the box to opt-out | |
| Phone\* |  |

*In the event that we cannot contact the organisation’s nominated delegate, we will use the details of the secondary contact.*

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| **SECONDARY CONTACT DETAILS (OPTIONAL)** | |
| Full name |  |
| Job title |  |
| Email |  |
| This address will also be automatically be subscribed to our weekly CEO Update e-newsletter. Check the box to opt-out | |

*To support your application, please provide the following information*

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| **MEMBERSHIP CRITERIA** | |
| Please attach the following documents to support your application: | |
|  | Organisation’s Constitution, Rules of Association or similar\*  Latest Annual Report (including financial statements)\*  Proof of national operations (if relevant)  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe how your organisation’s work improves the quality of life for people with mental illness, their carers and/or families | *Please include specific examples of current programs, projects or advocacy efforts undertaken by the organisation and how these directly facilitate mental health recovery, promote awareness or improve the lives of people living with mental health issues* |
| Describe how your organisation demonstrates a visible commitment to improving the lives of mental health consumers and carers |  |
| Describe briefly how your organisation contributes to mental health reform and engages with mental health policy | *Describe instances where your organisation has taken the lead advocating for systemic improvements in the mental health space. Include representation on advisory groups and committees; contributions to government inquiries, reviews and taskforces; publications and reports.* |
| Describe work undertaken by your organisation to improve the quality of mental health programs and services to achieve better outcomes for people with mental health issues | *This could be via mental health research and advocacy to inform service improvements. Alternatively, it might be the direct implementation or development of new or improved services. Please include specific examples.* |
| How does the work of the organisation help to promote mentally healthy communities? | *Examples include: awareness raising events; promotional campaigns; research; representation and advocacy; or running education programs to inform, change attitudes or behaviours. Please indicate the scale and impact of any work undertaken in this space.* |
| How does the organisation influence and contribute to meaningful mental health research? | *Please include details of research projects or initiatives, scholarship programs, research collaborations, or consultation projects that contribute to the development of policies and/or practice standards, for example…* |

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| **Confirmation and Agreement** | |
| |  |  | | --- | --- | |  | I confirm that all information and statements provided are true, complete and accurate  I confirm that I am authorised to apply for membership of Mental Health Australia on behalf of my organisation  I further agree on behalf of my organisation to support the objectives of Mental Health Australia and comply with all rules in accordance with the [Constitution of Mental Health Australia Ltd](https://mhaustralia.org/sites/default/files/images/mental_health_australia_ltd_constitution_-_final_-_pdf_version_-_20142.pdf).  I understand the Mental Health Australia Board has the right to accept or reject any application for membership subject to [clause 4.8 of the Constitution of Mental Health Australia Ltd](https://mhaustralia.org/sites/default/files/images/mental_health_australia_ltd_constitution_-_final_-_pdf_version_-_20142.pdf).  I understand there is no right of appeal for membership applications that are declined | | |
| Completed By: *[print name]*  Signature: | Date: |