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| **Membership application**  |

# Application for Non-Voting Membership

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| **ORGANISATION DETAILS** |
| Organisation: |  |
| State of Incorporation:*(if relevant)* |  |
| ABN: |  |
| State/s of operation: |  |
| Application nominator:*(organisation must be nominated by a current member)* | Name:  | Phone:  |
| Organisation:  | Email:  |
| Postal address: |  |
| Street address: |  |
| Phone: |  |
| Email: |  |
| Website: |  |

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| **CONTACT DETAILS** |
| Non-Voting Members can nominate up to three contacts to receive membership related information and other general communications from Mental Health Australia. |
| Name: |  |
| Position: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Subscribe to receive: | [ ]  CEO Update [ ]  Weekly Media Summary [ ]  Bi-monthly magazine |
|  |
| Contact name: |  |
| Position: |  |
| Postal address: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Subscribe to receive: | [ ]  CEO Update [ ]  Weekly Media Summary [ ]  Bi-monthly magazine |
|  |
| Contact name: |  |
| Position: |  |
| Postal address: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Subscribe to receive: | [ ]  CEO Update [ ]  Weekly Media Summary [ ]  Bi-monthly magazine |

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| **APPLICATION** |
| Please attach or provide a link to: | [ ]  Organisation’s Constitution[ ]  Latest Annual Report |
| Please indicate how your organisation can contribute to the objectives of Mental Health Australia. Where possible please provide specific examples of your organisation’s work. |
| 1. Improve the quality of life for people with a mental illness, carers and families.
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| 1. Provide a strong and coherent voice for mental health reform and the highest standards of mental health policy and services.
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| 1. Provide strategic leadership to influence policy and funding decisions, especially at the federal level, that impact on the quality of mental health programs and services in Australia.
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| 1. Promote mentally healthy communities.
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| 1. Influence and contribute to meaningful mental health research.
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| 1. Foster a culture of education, learning and development.
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| **DECLARATION** |
| [ ]  [INSERT ORG NAME] agrees to support the objectives of Mental Health Australia and comply with all rules as per the Mental Health Australia Constitution. |
| Signed: | Date: |

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| **OFFICE USE ONLY** |
| Date of Board Meeting: | Application approved: Y N |
| Comments: |
| Completed By: | Date: |