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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 |
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| 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. |  | |
| 1. Provide a strong and coherent voice for mental health reform and the highest standards of mental health policy and services. |  | |
| 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. |  | |
| 1. Promote mentally healthy communities. |  | |
| 1. Influence and contribute to meaningful mental health research. |  | |
| 1. Foster a culture of education, learning and development. |  | |
| **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: |