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| **Membership application** |

# Application for Voting Membership

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| **ORGANISATION DETAILS** | | |
| Organisation: |  | |
| Membership category: | Consumer  ATSI Organisation  Special Needs Group  Research Institute  Community Sector | Carer  State/Territory Peak Body  Clinical Service Provider  Private Mental Health Service Provider |
| Eligibility Requirements: | National organisation (must be operational in 4 or more states/territories). *Please note if you are not a national organisation you should apply for Non-Voting Membership.*  **AND**  An entity with a stated mission or objectives primarily concerned with mental health  **OR**  An entity which is not primarily concerned with mental health but which can demonstrate that the organisation is able to contribute to the purpose and objectives of Mental Health Australia. | |
| State of Incorporation:  *(if relevant)* |  | |
| ABN: |  | |
| States of operation:  *(must be at least 4)* |  | |
| Application nominator:  *(organisation must be nominated by a current member)* | Name: | Phone: |
| Organisation: | Email: |
| Postal address: |  | |
| Street address: |  | |
| Phone: |  | |
| Fax: |  | |
| Email: |  | |
| Website: |  | |

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| **DELEGATE CONTACT DETAILS** | |
| Each Voting Member organisation is required to nominate one delegate who represents their interests. The delegate holds voting rights at the Mental Health Australia general meetings and is eligible to nominate for a position on the Board. The nominated delegate should have capacity, time, commitment and resources to fulfil their responsibilities and have support of the organisation’s members. | |
| Delegate name: |  |
| Position: |  |
| Postal address: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Subscribe to receive: | CEO Update  Weekly Media Summary  Bi-monthly magazine |
| **ADDITIONAL CONTACT DETAILS** | |
| Members can also nominate up to two additional contacts to receive member communications. | |
| 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  Proof of national operations (if relevant) | |
| 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: |