# Nominator Form

***All fields are mandatory unless otherwise specified***

**This form must be completed by the nominator.**

A Nominator needs to be the delegate\* of an existing Full member. A list of current members is available on the [website](https://mhaustralia.org/membership/voting-members). Applicant organisations should seek a nomination through a like-minded organisation, peer-to-peer (generally CEO to CEO).

This section is for the nominator to confirm their support of the organisation applying for membership of Mental Health Australia.

Nominator name: Phone:

Organisation: Email:

## Nominator Requirements

I confirm that I am the delegate\* for the nominating member organisation

I understand Mental Health Australia may contact me if necessary to confirm the nomination

I attach the email thread confirming my support of this membership application (*optional*)

**As the nominator, I hereby confirm my support of**

|  |
| --- |
|  |

(applicant organisation name)

**Application to become a member of Mental Health Australia**

Completed by: Signature\*\*: \_\_\_\_

Date:

*\*a* ***delegate*** *is the key contact who represents the organisation and receive all membership-related communications from Mental Health Australia. If you are not sure you are the delegate, please email* [*membership@mhaustralia.org*](mailto:membership@mhaustralia.org) *for confirmation from Mental Health Australia’s records.*

*\*\* an electronic signature is mandatory*

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