# Online Membership Application

# Associate Member

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

## Organisation details

|  |  |
| --- | --- |
| Organisation name |  |
| Phone (main) |  |
| Email (main) |  |
| Mailing address |  |
| City |  | State/Territory |  |
| Postcode |  | ABN |  |
| Website URL |  |
| Social media channel/s *(optional)* |  |

## Application nominated by

New members must be nominated by an existing Mental Health Australia member.

**The Nominator Form must be completed by the nominator.**

**It is mandatory to submit a completed Nominator Form with the Membership application.**

## Eligibility

I confirm that the organisation applying for membership:

[ ]  Operates 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 **Associate Member** category. Different eligibility requirements apply for Full Membership.

## Organisational purpose

**Please briefly describe the organisation’s primary purpose, mission, values, vision or objectives.**

### **Describe briefly how the 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 and how these directly facilitate mental health recovery, promote awareness or improve the lives of people with mental health issues.*

**Describe briefly how the organisation contributes to mental health reform and engages with mental health policy***Describe instances of where your organisation has taken the lead advocating for systemic improvements in the mental health space. Include representation on advisory groups; contributions to Government inquiries, reviews and taskforces; publications and reports.*

**Describe how the organisation demonstrates a visible commitment to mental health consumers and carers**

*Include consumer and carer engagement in program/project design and delivery, consumer and carer advocacy and/or involvement in the day to day work of the organisation.*

**Describe work undertaken by the organisation to improve the quality of mental health programs and services to achieve better outcomes for people with mental health issues and their carers**

*This could be via mental health research and/or advocacy to shape better services. Alternatively, it might be the direct implementation or development of new or improved services for people with mental health issues and their carers. Please include specific examples.*

**How does the work of the organisation help to promote mentally health 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.*

**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?**

[ ]  No

[ ]  Yes

***Note****: If yes, Mental Health Australia may request further information and details of any investigation for consideration alongside this application for membership.*

## Delegate details

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

|  |  |
| --- | --- |
| Delegate first name |  |
| Delegate last name |  |
| Position title |  |
| Email (primary) |  |
| Email (secondary) – *optional* |  |
| Phone  |  |

***Note****: the primary email will be used for all membership correspondence including renewal reminders, event invitations, payment queries etc.*

*You will also automatically be subscribed to our weekly CEO Update email.
Please check the box to opt-out:* [ ]

## Secondary contact details

If we cannot contact the organisation’s nominated delegate, we will use the details of the secondary contact.

|  |  |
| --- | --- |
| Delegate first name |  |
| Delegate last name |  |
| Position title |  |
| Email (primary) |  |
| Phone  |  |

*Note: the primary email will be used for all membership correspondence including renewal reminders, event invitations, payment queries etc.*

*You will also automatically be subscribed to our weekly CEO Update email.
Please check the box to opt-out:* [ ]

## Supporting documentation

**Please attach the following documents to support your application:**

|  |  |
| --- | --- |
|  [ ]  Organisation’s constitution *(or similar)* | [ ]  Proof of national operations *(if relevant)* |
|  [ ]  Latest Annual Report *(including financial statements)* [ ]  Nominator form filled out (including electronic signature from nominator) | [ ]  Other *(if relevant)* |

## Confirmation & 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 [Mental Health Australia Ltd. Constitution](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.

## Membership fees

Membership fees are determined based on your organisation’s total annual income for the previous financial year. This amount is updated from time to time. Please select the relevant fee level for your organisation.

|  |  |  |
| --- | --- | --- |
| **Organisation’s Annual Income** | **Annual Fee (GST inclusive)** |  |
| $1 – $250,000 | $125 |[ ]
| $250,000 – $500,000 | $185 |[ ]
| $500,000 – $1m  | $245 |[ ]
| $1m – $2m | $360 |[ ]
| $2m – $5m | $610 |[ ]
| $5m – $10m | $885 |[ ]
| $10m+ | $1,220 |[ ]

## Authorisation

Once your membership application is submitted, it will be reviewed by the Mental Health Australia Board. You will be notified of the outcome as soon as practicable.

If your application is successful, your organisation will be invoiced with a request
for pro-rata payment.

|  |  |
| --- | --- |
| Completed by:  | Signature: |
| Date:  |

*Thank you. Please email your membership application and all supporting documents to:*

**membership@mhaustralia.org**

*Any further queries or concerns can be directed to the address above at any time.*