Online Membership Application form – Associate member

Organisation details

*All fields are mandatory unless otherwise specified*

|  |  |
| --- | --- |
| Organisation name |  |
| ABN |  |
| Delegate full name |  |
| Position title |  |
| Email (primary) |  |
| Email (secondary) *optional* |  |
| Mailing address |  |
| Phone |  |

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

**Financial point of contact – for invoices etc.**

|  |  |
| --- | --- |
| Full Name |  |
| Email Address |  |

***You will also automatically be subscribed to our weekly CEO update email.***

***Please check the box to opt out***

## Application nominator form

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

**Please note: 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:

Is a national organisation (operates in at least 4 Australian states/territories)

**AND**

Has a mission or objective primarily concerned with mental health

**OR**

Operates in fewer than 4 states/territories but the organisation’s work can be considered to have a significant impact at a national level

## Organisational purpose

1. **Describe the organisation’s primary purpose, mission, values, vision or objectives and include examples of how this is demonstrated in your work.**

### Describe how the organisations work improves the commitment to, and quality of life for people living with mental-ill health or psychosocial disability, their family, carers and supporters

*Please include examples of lived experience engagement in program/project design and delivery*

1. **Describe how the organisation contributes to mental health reform and engages with mental health policy. Include examples of current programs, projects, research, policy advice or advocacy activities**
2. **How does the work of the organisation help to promote mentally healthy communities?**
3. **How does the organisation influence and contribute to meaningful mental health research?**
4. **If your application is approved, Mental Health Australia will display your organisations logo and blurb on our website. Please provide the blurb you would like to see reflected on our website.**

**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

## Supporting documentation

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

Organisation’s constitution (or similar)

Latest Annual Report (including financial statements)

A high-resolution photograph of your organisational logo to be displayed on the Mental Health Australia website

Nominator form filled out (including electronic signature form nominator)

## 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.or](mailto:membership@mhaustralia.or)g*Any further queries or concerns can be directed to the address above at any time*