



Membership Application

Please return your completed application form to info@being.org.au, or 108 Cathedral St, Woolloomooloo NSW 2011.

NOTE: All sections must be filled for membership to be approved.

Type of membership (Please choose one)	<input type="checkbox"/> Member A person with a lived experience of mental illness		<input type="checkbox"/> Associate Member Anybody else interested in Being's vision and work		
Section 1					
Name					
Phone					
Email					
Address					
Suburb		Postcode			
Year of Birth		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Do you identify as Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you from a culturally or linguistically diverse background?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, what culture do you identify with?					
Section 2					
Please confirm the following:					
<input type="checkbox"/> I am 16 years old, or older					
<input type="checkbox"/> I am a resident of New South Wales					
<input type="checkbox"/> I agree with the vision, values and objectives of Being					
Section 3					
<input type="checkbox"/> I give permission for Being to contact me regarding my membership					
<input type="checkbox"/> I would like to subscribe to receive Being's news and updates					



After being a member of Being for more than three months, you will have the opportunity to:

- Attend and vote at our Annual General Meeting and Special General Meeting
- Nominate to be a Trustee (Board member) of Being
- Vote in new Trustees to the Being Board

Terms and Conditions:

I understand that Members and Associate Members are required to be at least 16 years of age and live in NSW. I acknowledge that all applications for membership are reviewed by the Being Board of Trustees which meets every 2 months. The Board of Trustees will consider each application and approve or decline each application at its discretion.

I understand that Being maintains a database of approved memberships. This contains my name, address and the other information on this form and is kept confidential. Only authorised Being staff have access to this information. I understand that I can contact the office of Being if I would like to see Being's Privacy Policies.

I accept the terms and conditions as set out above

Signature:

Date: