

Membership Application

Please return your completed application form to members@being.org.au.

Note: all sections must be completed for membership to be considered.

Section 1					
Name					
Phone					
Personal email					
Address					
Suburb		Postcode			
Date 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?					
List the top three ways that you would like to be involved in BEING – Mental Health Consumers Limited (“BEING”)’s work? (e.g. participating in consultations/workshops, training opportunities, sharing your story, volunteering etc.)		1. 2. 3.			
Section 2					
Please confirm the following:					
<input type="checkbox"/> I am 18 years old, or older					
<input type="checkbox"/> I am a resident of New South Wales					
<input type="checkbox"/> I have or have had personal lived experience of mental health issues					
<input type="checkbox"/> I have read BEING’s Constitution and support the purpose of BEING’s work (including the objects in clause 6.1)					
<input type="checkbox"/> I have read BEING’s Code of Conduct and agree to be bound by it					
<input type="checkbox"/> I consent to becoming a member of BEING if my application is successful					

Section 3

☐ I give permission for BEING to contact me regarding my application and, if successful, my membership

☐ I would like to subscribe to receive BEING's news and updates

As part of BEING's application process, we require two written references from any of the following:

- *Most recent employer*
- *Community group or community centre leader*
- *Professional organisation (e.g. if you are an engineer, from a professional engineering body)*
- *Church / temple / mosque leader*
- *A person who is currently, or was recently, active in the Mental Health advocacy community.*

In providing the references, please note the requirements below:

- *Your referees must have known you in either a personal or professional capacity for at least 12 months, and*
- *Your referees cannot be related to you, and*
- *The reference letter must speak about your good character.*

☐ I have attached at least two written references to support this application

Terms and Conditions:

I understand and acknowledge that all applications for membership are reviewed by the BEING – Mental Health Consumers Limited board of directors on a regular basis. The Board will consider each application and approve or decline each application at its discretion.

I understand that BEING – Mental Health Consumers Limited maintains a members register in accordance with its Constitution and the Corporations Act.

I also agree to be bound by BEING – Mental Health Consumers Limited's Privacy Policy, which is available [here](#).

☐ I accept the terms and conditions as set out above

Signature:

Date: