



Membership Application

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

Note: all sections must be completed for membership to be approved

Type of membership <i>(Please choose one)</i>	<input type="checkbox"/> Member A person with a lived/living experience of mental health issues		<input type="checkbox"/> Associate Member Anybody else interested in BEING – Mental Health Consumers' vision and work		
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' work? <i>(e.g. participating in consultations/workshops, training opportunities, sharing your story, volunteering etc.)</i>			1. 2. 3.		
Section 2					
<i>Please confirm the following:</i>					
<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 – Mental Health Consumers					

Section 3

I give permission for BEING – Mental Health Consumers to contact me regarding my membership

I would like to subscribe to receive BEING – Mental Health Consumers' news updates

After being a member of BEING – Mental Health Consumers 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 – Mental Health Consumers
- Vote in new Trustees to the BEING – Mental Health Consumers 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 – Mental Health Consumers 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 – Mental Health Consumers 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 – Mental Health Consumers staff have access to this information. I understand that I can contact the office of BEING – Mental Health Consumers if I would like to see BEING – Mental Health Consumers Privacy Policies.

I accept the terms and conditions as set out above

Signature:

Date: