



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				
<i>Please confirm the following:</i>				
<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 attached at least two references to support this application				
<input type="checkbox"/> I have read BEING’s Constitution and support the purpose of your 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

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: