**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

**NB**: Individual membership is **free**.

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| **MEMBERSHIP TYPES AND CRITERIA** |
| **Primary Membership*** Has lived experience of mental illness
* Lives and/or accesses services in the ACT
 | **Associate*** May have lived experience of mental illness but does not live and/or accesses services in the ACT
* Is a carer or support person of someone with mental illness
* Supports the aims of the Network

(Associate memberships are to be renewed annually) |

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| **I AM APPLYING FOR:** |
| [ ]  Primary Membership | [ ]  Associate Membership |

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| **CONTACT DETAILS** \*Your name and at least one contact address/email is required |
| Title: | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Mx [ ]  Other ................... |
| First Name: |  |
| Surname: |  |
| Address: |  |
| Postal Address:(if different) |  |
| Email: |  |
| Home Phone: |  |
| Mobile Phone: |  |
| Other contact: |  |
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| **COMMUNICATION PREFERENCES:**  |
| What is the **BEST** way for us to contact you? | [ ]  Email [ ]  Home Phone [ ]  Post[ ]  Text [ ]  Mobile Phone  |
| Do you want to receive Newsletters and other information? | [ ]  Yes by email [ ]  Yes by post  |
| How should we send information about AGMs and other major events? | [ ]  Home Address [ ]  Postal Address [ ]  Email |

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| **DEMOGRAPHICS** |
| Year of birth: |  |
| Aboriginal: | [ ]  Yes [ ]  No |
| Torres Strait Islander: | [ ]  Yes [ ]  No |
| Language other than English: | [ ]  Yes: .................................................................... [ ]  No, English only |
| Gender: | [ ]  Female [ ]  Male [ ]  Intersex [ ]  Non-Binary[ ]  Other: ................................................................. |
| Preferred Pronouns | [ ]  He/Him [ ]  She/Her [ ]  They/Them [ ]  Other……………. |
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| **INTEREST and INVOLVEMENT IN NETWORK ACTIVITIES** |
| Self-Advocacy and Consumer Representation Training (SCR)**Primary Members only** | [ ]  I have completed Self-Advocacy Course[ ]  I have completed Consumer Representation Course[ ]  I want to attend SCR[ ]  I’m not currently able to attend[ ]  I have completed a similar course at ................................................................... (organisation) |
| Consumer Rep Program**Primary Members only** | [ ]  I’m interested in becoming a Consumer Rep[ ]  I’m not currently able to be a Consumer Rep |
| Policy and Projects Program | [ ]  I want to be involved in discussions and projects:In these areas: .................................................................................................................................................................................................................................................................................................................................................................[ ]  I’m not currently able to be involved |
| Network Events: | [ ]  I want to be involved in planning events[ ]  I’m not currently able to be involved |

*Thank you for taking the time to complete and return this information*