**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: |  | |
|  | | |
| **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*