**ASSOCIATE ORGANISATION MEMBERSHIP**

**2022-23 APPLICATION FORM**

**NB**: Individuals are eligible for free Individual Membership and do not complete this form. Instead, ask for a Individual Membership Application.

|  |
| --- |
| **CONTACT DETAILS** \*Your name and at least one contact address/email is required |
| Organisation/group: |  |
| Type of organisation/group: (if applicable) |  |
| Contact person: | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Mx [ ]  Other ......................................... |
| First Name |  |
| Surname: |  |
| Preferred Pronouns | [ ]  He/Him [ ]  She/Her [ ]  They/Them [ ]  Other……………. |
| Address: |  |
| Postal Address: |  |
| Email: |  |
| Office Phone: |  |
| Mobile Phone: |  |
| Other contact: |  |
| Website: |  |

|  |
| --- |
| **INCLUSIONS/ENTITLEMENTS** |
| - Quarterly newsletters - Your logo, info and link on our website- Promotion of your events - Use of meeting space- Partnership and collaboration - Election to the Network’s Board |
|  |
| **COMMUNICATION PREFERENCES:**  |
| What is the **BEST** way for us to contact you? | [ ]  Email [ ]  Home/business 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 etc? | [ ]  Home/business Address [ ]  Postal Address[ ]  Email |
|  |
| **ANNUAL CONTRIBUTIONS** |
| In order to support the Network’s core programs and enable beneficial relationships with like-minded organisations and groups there is a small annual contribution per organisation/group or individual.Organisations/groups and individuals who feel they are unable to pay their contribution may be eligible may request a contribution waiver or reduction. |
| **Organisation/Group****Annual Funding Level** | **Contribution Rate (tick appropriate box)** |
| < $100,000 | [ ]  $60.00 |
| > $100,000 | [ ]  $120.00 |
|  |
| **Payment methods** |
| [ ]  **Cheque** [ ]  **EFT**  | Made out to: ACT Mental Health Consumer NetworkAccount Name: ACT Mental Health Consumer NetworkAccount Number: 10168614BSB: 062-919 |

Please return your completed application to: ACTMHCN, Reply Paid 469, Civic Square, ACT 2608