Membership Application Form

Mental Illness Fellowship South Australia Inc

ABN: 85 595 741 081

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Marleston SA 5033

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Location:
5 Cooke Terrace
Wayville SA 5034

Privacy Information

Completion of this membership form is a requirement of the Constitution of the Mental Illness Fellowship South Australia.

New members' details are tabled at a MIFSA Board of Management meeting for acceptance.

No details provided by you on this form will be released to any body or corporation outside the Mental Illness Fellowship South Australia.

Information about members is used only in a non-identifiable manner for statistical purposes.

Membership of Mental Illness Fellowship is on an individual basis and may not be transferred to another.

Consent

I agree to be bound by MIFSA's Constitution

Signature_____

Date _____

✓ I/We would like to become a MIFSA member

All prices include GST

☐ Single	$20
☐ Pensioner/Student	$10
☐ Family	$30
☐ Pensioner Family	$18
☐ Organisation	$45

☐ I/We would like to make a donation: $_____

(Donations of $2 or more are tax deductible)

☐ I wish to receive MIFSA News (included in membership)

I heard about MIFSA from _____

My connection with mental illness

- ☐ living with mental illness
- ☐ a family member / carer
- ☐ person interested in mental health issues
- ☐ mental health worker
- ☐ other

Mr/Mrs/Ms/Dr

Organisation

Address

Post Code

Email address

Contact number/s

Payment by

☐ Cash ☐ Cheque ☐ Money Order ☐ Credit Card
☐ Visa
☐ Mastercard

Credit card number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date /

Name on Card

Signature

Office use only: Receipt # _____

Date _____