



APPLICATION FOR NEW MEMBERSHIP

Membership includes subscription to the Fellowship's bi-monthly newsletter and access to the Fellowship's drop-in centre (social club) at 95 Arthur St Fortitude Valley.

Member Number: _____
Family name: _____
Given name(s): (Dr/Mr/Mrs/Ms/Miss): _____
Address: _____

Daytime telephone: _____ Mobile: _____
DATE OF BIRTH: _____ OCCUPATION _____
Email address: _____

Please tick the category that best describes your situation:

(Information is strictly confidential)

- Self with a mental illness and/or psychiatric disability
- Relative with a mental illness and/or psychiatric disability
Relationship _____ Name _____
- Friend with a mental illness and/or psychiatric disability
- Professional interest
- Not-for-profit organisation
- Government department/agency
- Other *(please specify)* _____

OFFICE USE ONLY:

Receipt No: Authorisation No: Card/Mail/Telephone

Annual Fees *(including GST)*

Pensioner	\$5.50	Family	\$16.50
Single	\$11.00	Corporate	\$27.50

I would also like to make a donation of \$ _____

Overseas subscription: Relevant membership fee plus \$10.00 for postage

I am paying by: Cheque Money Order Credit Card
Card type: Mastercard Visa CASH (NOT IN MAIL)
Card number: _____/_____/_____/_____ Expiry date: ____/____
Name of card holder: _____ Amount: \$ _____
Signature: _____

DO YOU REQUIRE A SOCIAL CLUB CARD? YES NO

If you are paying by cheque please make payable to Mental Illness Fellowship of Qld. Please do not send cash in the mail. This document is a Tax Invoice for GST purposes.

Thank you for your support of Mental Illness Fellowship of Qld