

Membership Application

NOTE: To apply for membership, please complete all sections of the form overleaf and return to MHCC. **DO NOT** forward payment with your application. You will receive an invoice on approval by MHCC.

Our principles

The Mental Health Coordinating Council (MHCC) is the peak body for the community managed mental health sector in NSW.

MHCC is committed to the principles of recovery and is guided by the lived experience of consumers and carers in all its endeavours.

We are funded in part by NSW Ministry of Health.

Why become a member?

- Have greater impact through collaboration
- Inform and stay informed - MHCC members receive regular updates through media releases, e-communications, events and MHCC publications
- Direct and drive the sector - have a say in what MHCC does - Ordinary Members* also have voting rights at MHCC general meetings and the right to nominate a Delegate to the Board
- MHCC promotes member programs, services and events through our weekly *FYI e-news*, articles and profiles in our quarterly newsletter *View From the Peak*, and at Meet Your Neighbour events.

Member benefits

- Participation on sector development advisory groups
- Involvement in sector development projects and activities
- Input into policy advocacy to government
- Participation in and access to research opportunities and skill development
- Discounts on specialised Learning and Development courses

MHCC resources, submissions, project reports, research and information on training opportunities are available on our website:

www.mhcc.org.au

Membership categories

Organisations

- **Ordinary Members** include not-for-profit Community Managed Organisations (CMOs) whose business or activity is wholly or in part to promote the welfare and rehabilitation of people with mental health problems
- **Associate Members** include organisations with an interest in mental health (eg. Local Hospital Districts)
- **Branch Members** are branches or departments of Ordinary or Associate Members

Individuals

- **Subscription Members** are individuals with an interest in mental health but not restricted to the CMO sector in NSW

Tailor your member communications - tell us know what you're interested in

- | | |
|---|--------------------------|
| Participation in sector development advisory groups | <input type="checkbox"/> |
| Organisational policy resources | <input type="checkbox"/> |
| Events and networking opportunities | <input type="checkbox"/> |
| Meet Your Neighbour hosting | <input type="checkbox"/> |
| Strategic consultations | <input type="checkbox"/> |
| Publications and submissions | <input type="checkbox"/> |
| Practice approaches | <input type="checkbox"/> |
| NDIS readiness | <input type="checkbox"/> |
| Grant opportunities | <input type="checkbox"/> |
| Community Mental Health Drug and Alcohol Research Network (CMHDARN) | <input type="checkbox"/> |
| MHCC LEARNING AND DEVELOPMENT | |
| - Qualifications | <input type="checkbox"/> |
| - Professional development workshops | <input type="checkbox"/> |
| - Capacit-e mental health e-learning | <input type="checkbox"/> |
| - Financial support for training | <input type="checkbox"/> |

MHCC Membership Application

I/the organisation below wish/es to apply for MHCC membership.
(An invoice will be issued upon membership approval by MHCC)

Branch Name (Head Office must have Ordinary Membership)	<input type="text"/>
Name of Organisation (or Individual)	<input type="text"/>
Admin Contact Full Name	<input type="text"/>
Admin Email	<input type="text"/>
Organisation Website	<input type="text"/>

DELEGATE DETAILS - ORDINARY MEMBERSHIP ONLY

We nominate the person below as our delegate* to MHCC.

Org Delegate Full Name	<input type="text"/>
Org Delegate Email	<input type="text"/>

* Any representative of a member organisation may attend General Meetings of MHCC. Only the organisations' nominated Delegate is entitled to vote. A Delegate is also eligible for election to the Board.

ORGANISATION CONTACT DETAILS

Street Address line 1	<input type="text"/>		
Street Address line 2	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Postal Address line 1	<input type="text"/>		
Postal Address line 2	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Admin Phone	<input type="text"/>	<input type="text"/>	
Admin Fax	<input type="text"/>	<input type="text"/>	

DO NOT FORWARD PAYMENT

YOU WILL RECEIVE AN INVOICE
ON APPROVAL OF APPLICATION

Please complete all fields in this form and submit to MHCC for consideration.

For organisations, fees are calculated according to income/funding and membership is renewable on a yearly basis.

Membership period: July 1st - June 30

Membership fees

Organisation income Fee* (Inc GST)

Ordinary and Associate Membership		Select
Under \$1,000	\$60.00	<input type="checkbox"/>
\$1,001-\$100,000	\$120.00	<input type="checkbox"/>
\$100,001-\$250,000	\$180.00	<input type="checkbox"/>
\$250,001-\$500,00	\$300.00	<input type="checkbox"/>
\$500,001-\$1M	\$450.00	<input type="checkbox"/>
\$1M-\$2M	\$550.00	<input type="checkbox"/>
\$2M-\$5M	\$700.00	<input type="checkbox"/>
\$5M-\$10M	\$1,200.00	<input type="checkbox"/>
\$10M-\$20M	\$1,900.00	<input type="checkbox"/>
\$20M-\$40M	\$3,500.00	<input type="checkbox"/>
Over \$40M	\$6,000.00	<input type="checkbox"/>
Branch and Individual Membership		Select
Branch Membership (Head office must be Ordinary Member)	\$50.00	<input type="checkbox"/>
Individual/Subscription	\$50.00	<input type="checkbox"/>

*All fee information correct as at 14 July 2015

Please Note:

On payment of your membership fee, you are agreeing to abide by the [MHCC Members Code of Conduct](#).

You are also agreeing to your organisational details being published by MHCC.

Please email, fax or post your completed application for to:

Mental Health Coordinating Council Inc.

PO Box 668 Rozelle NSW 2039

T 02 9555 8388

F 02 9810 8145

E info@mhcc.org.au

W www.mhcc.org.au

Membership Application lodged by (complete even if same as Delegate name)

Full Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>

dd/mm/yy

OFFICE USE ONLY

- Ordinary Associate
 Branch Subscription

Member ID Number