MHYF AUSTRALIA

Mental Health
for the
Young and their Families

APPLICATION FOR MEMBERSHIP

I,…….....……
(name and occupation)

of ……
(address)

desire to become a member of MHYF Australia (Mental Health for the Young and Their Families). In the event of my admission as a member, I agree to be bound by the Constitution of the Group for the time being in force.

...../...../...../.....
Signature of Applicant and Date

I, , a member of the Group,
(name)

nominate the applicant, who is personally known to me, for membership of the Group.

...../...../...../.....
Signature of Proposer and Date

I, , a member of the Group, second
(name)

the nomination of the applicant, who is personally known to me, for membership of the Group.

...../...../...../.....
Signature of Seconder and Date

Completed form should be mailed to ;

MHYF Austrlia
P.O . Box 206,
Parkville, Vic 3052

with $50 annual subscription by cheque or direct funds transfer to;

BSB 033-090
A/C 31 5188
(with your name in the ‘Reference’ box).