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| A picture containing text, clipart  Description automatically generated | Mental Health Council of Tasmania **Membership Application** |

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| **Applicant Information** | | |
| **Organisation/Individual Name** |  | |
| **Name of CEO/Manager** |  | |
| **Name of Primary Contact (if different to CEO/Manager)** |  | |
| **Primary Email Address** |  | |
| **Name of Secondary Contact** |  | |
| **Email of Secondary Contact** |  | |
| **Finance Email (for invoices)** |  | |
| **Postal Address** |  | |
| **Office and Mobile numbers** |  |  |
| **Website** |  | |
| **Regional office locations (e.g., South, North, North-West)** |  | |
| **Statement of Interest** | | |
| Please outline below your interest in joining MHCT (maximum 100 words). | | |
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| I/We |  | agree to abide by the terms of the [Constitution](http://mhct.org/wp-content/uploads/2019/12/Constitution-MHCT-2013-final.pdf). | |
| *(name of nominee or organisation)* | | | |
| Name: |  | Position: |  |
| Date: |  | Signature: |  |

*Upon completion, please email to* [*enquiries@mhct.org*](mailto:enquiries@mhct.org) *or mail to PO Box 375, Hobart TAS 7001.*