

## NEW MEMBERSHIP APPLICATION

### PERSONAL DETAILS

First Name:		Last Name:	
Email Address: Please provide an email address to receive updates on mental health issues and events through our weekly HelpingMinds Alert.			
Current Mailing address:			
Suburb:		Postcode:	
Phone:	Work Phone:	Mobile:	
Please circle - Are you Aboriginal / TSI:      Yes      No      Other?			
What is your first language?			
Gender:		Date of Birth:	
Please circle - Have you used our services before?      Yes      No			

### INFORMATION AND INTERESTS – PLEASE TICK

I would like information mailed to me:		I require mail to be sent in a plain envelope:	
I would like to receive information on: <input type="checkbox"/> Respite <input type="checkbox"/> Advocacy <input type="checkbox"/> Counselling <input type="checkbox"/> Support			
I am interested in assisting in the following areas: ( please tick)			
Expos:	Craft:	School Education:	Assistance with mail outs:

### OTHER

Where did you hear of HelpingMinds? (please tick)		
Newspaper:	Doctor:	Friend:
Other (please state):		

### DONATIONS

Membership to HelpingMinds is free, however all donations are appreciated. Donations may be sent by cheque or direct deposit with internet banking. **Note:** All donations over \$2 are tax deductible and a receipt will be issued.

I would like to donate \$		Cheque: ( please tick)	
Internet Banking: (please tick)	Account name: Arafmi (WA) Inc.	BSB: 306 089	Account No.: 3302083

### PLEASE RETURN APPLICATION TO:

**Office Administrator, HelpingMinds, 182 Lord Street, Perth WA 6000**  
**Phone: (08) 9427 7100**

### SIGNATURE

Signature of Applicant:	Date:
-------------------------	-------

### OFFICE USE ONLY

ID No:	Database entered:	
Date letter sent:	Donation receipt No.	Officer Initial: