



## MEMBERSHIP RENEWAL FORM 2015 - 2016

YES, please continue my free membership of HelpingMinds!

### 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.			
Mailing address:			
Suburb:		Postcode:	
Phone:	Work Phone:	Mobile:	

### 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:
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### OFFICE USE ONLY

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