

Membership Application

I would like to become a Member of RichmondPRA in accordance with its Constitution*

Show your continued support by becoming a member of RichmondPRA today!

Being a member means you are supporting our work in local communities to help people on their mental health recovery journey.

Members receive our quarterly newsletter "Connections" and our Annual Report.

Please note that there is no membership fee. However we would welcome a donation.

I am pleased to support RichmondPRA with a tax deductible donation of:

I would like to make a regular donation:

Ms Mr Miss Mrs Dr Other

Name:

Address:

.....

Phone:

Mobile:

Email:

Signature:

Date:

Nominated by:
(Current Member)

Seconded by:
(Current Member)

\$50 \$100 \$250 \$500 Other \$.....

\$ Weekly Monthly

My cheque / money order is enclosed, or debit my:

Visa Mastercard

Card Number:

Expiry:

Name on card:

Signature:

*The RichmondPRA Constitution can be found at www.richmondpra.org.au



Member's Survey

It would be appreciated if you could complete this confidential short survey, to give us the background to your interest in joining RichmondPRA, and to enable us to assist you with your areas of interest in the future.

1. Reasons for joining RichmondPRA

Could you tell us why you are joining RichmondPRA?

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2. Experience in and with the mental health and disability sector (Tick as many boxes as apply)

- Mental health / disability worker
- Person with lived experience of a mental illness
- Carer of a person with a mental illness or disability
- Family member of a person with a mental illness or disability
- Interested community member
- Other (please specify)

3. Occupational Background

If you are (or have been) employed in the sector, what is your occupation?

- Support Worker
- Psychologist
- Social Worker
- Nurse
- Occupational Therapist
- Psychiatrist
- Medical Officer
- Psychiatrist
- Medical Officer
- General Practitioner
- Other (please specify)

4. Member's interest areas

What are your areas of interest? (Tick as many boxes as apply)

- Mental health reform
- Consumer participation
- Evaluation of service delivery
- Carer and family support
- Supported accommodation
- Rural and regional services
- Programs for young people
- Programs for women and children
- Other (please specify)

5. Would you like to be informed of any specific RichmondPRA activities in relation to your areas of interest?

- Yes No

6. Profile

Your age group?

- 18 - 30
- 31 - 40
- 41 - 60
- 61 and over

Your postcode?

7. Other Memberships

Are you a member of any other organisations in the mental health / disability sector?

- Yes No If yes, please specify:

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