



MHACA

Mental Health Association of Central Australia
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**MHACA Individual Membership Form
Renewal for 2015/2016**

Name _____

Organisation/position _____

Address _____

Phone _____ Mobile _____ Email _____

I agree with and am committed to the basic objectives of MHACA, which are:

- (a) To promote community awareness and understanding of mental health and illness.
- (b) To provide a voice to government and service providers for people who experience a mental illness, their families, friends and carers.
- (c) To develop and maintain support services and programs that complement those provided by government for people who experience mental illness aiming at their integration in the community.
- (d) To maintain a range of accommodation and associated support services that complement those provided by government and enhance independent living for people who experience mental illness.
- (e) To improve existing government and community services working with people who experience mental illness.
- (f) To develop partnerships with government agencies and community organisations that provide services to people who experience mental illness.
- (g) To develop links with similar organisations in other regional centres.
- (h) To review mental health legislation and lobby for appropriate reforms that reflect the views and needs of participants, their families, friends and carers.
- (i) To promote mental health in the local community.
- (j) To provide services, carry out its objects and exercise its powers in the Central Australian region including the Barkly region.

Date _____ Signed _____

(Please complete and return to MHACA, PO Box 2326, Alice Springs NT 0871, or email to info@mhaca.org.au)

Do you represent any of the following?

We are interested in who our members are. We ask that you tick which of the following you may identify with:

Consumer Carers Indigenous Very Remote Participant Interested community member

Would you like to be included in our mailing list? Yes No

**MHACA's privacy policy can be found on our website: www.mhaca.org.au*

For Office Use only

Received by MHACA on: _____ Signed: _____