

Application for Membership

The Treasurer
Top End Association for Mental Health Inc
GPO Box 4050
Darwin NT 0801

I hereby apply for membership of the Top End Association for Mental Health Inc and agree to abide by the Constitution.

Name: _____

Address for service of notices:

Email Address: _____

Mailing Address: _____

Phone: (b.h.) _____ (a.h.) _____

Mobile: _____

Signed: _____ Date: _____

Annual Membership Fees (GST Inclusive):

Ordinary:	\$15.00
Ordinary (Centrelink Concession):	\$10.00
Ordinary (Client & Carer):	\$ 0.00
Associate Member (Staff & Govt):	\$ 5.00
Institutional (Organisations):	\$25.00

Receipt Number: _____ *(office use only)*

Proposer - Current Member

Name: _____ Signature: _____

Seconder – Current Member

Name: _____ Signature: _____

Level 5, 62 Cavenagh St, Darwin NT 0800
GPO Box 4050, Darwin NT 0801
Ph: 08 8943 9600
Fax: 08 8943 9601
Email: teamhealth@teamhealth.asn.au