

MENTAL HEALTH FOR THE YOUNG AND THEIR FAMILIES: VICTORIAN GROUP
INCORPORATED

APPLICATION FOR MEMBERSHIP

I,.....
.....
(name and occupation)

of,
(address)

desire to become a member of Mental Health for the Young and Their Families: Victorian Group Incorporated. In the event of my admission as a member, I agree to be bound by the Constitution of the Group for the time being in force.

Signature of Applicant

Date

I, _____, a member of the Group,
(name)

nominate the applicant, who is personally known to me, for membership of the Group.

Signature of Proposer

Date

I, _____, a member of the Group, second
(name)

the nomination of the applicant, who is personally known to me, for membership of the Group.

Signature of Secunder

Date

Completed form should be mailed to "Mental Health for the Young & Families", PO Box 206, Parkville, Vic 3052 with \$20 annual subscription by cheque or direct funds transfer to BSB 033-090 A/C 31 5188 (with your name in the 'Reference' box).