



**MENTAL HEALTH LEGAL CENTRE INC.
REGISTRATION NUMBER A0013662S
ABN 30 996 171 084**

MEMBERSHIP RENEWAL FORM

Applicant

I, (full name of applicant) hereby apply to renew as a member of the Mental Health Legal Centre Inc. (the **Association**) in respect of the year ending 1/4/2020. In the event of my admission as a member, I agree to be bound by the Association's constitution and regulations (a copy of which is on the Association's website).

.....
Signature of applicant

.....
Date

Applicant contact information

Address:

Email:

Telephone:

Membership type

Renewal

Subscription (tick as appropriate) or alternatively make a donation in excess of fee

Subscription fee \$10.00 Amount attached: \$

Concession fee \$5.00 Amount attached: \$

Donation Amount attached: \$

I do not wish to renew

Please send all membership applications or renewals to the Secretary of the Association, PO BOX 12365 A'BECKETT STREET, MELBOURNE VIC 8006 or via email to charlotte.jones@mhlc.org.au

Payment may be made by cheque payable to Mental Health Legal Centre Inc. or pay by electronic transfer to Mental Health Legal Centre Inc. BSB 033-017 Account number 176564