Membership Form

Your first and last name

Your address, suburb, and post code

Your email address

Your phone number

Are you a family member or friend of someone living with mental ill health/AOD use?

- ☐ **Mental Ill Health**
- ☐ **AOD Use**
- ☐ **Both**
- ☐ **Neither**

Relationship to the person?
(ie I am their mother, father, brother, friend, cousin):

I am aged:

- ☐ **18-25**
- ☐ **26-35**
- ☐ **36-45**
- ☐ **46-55**
- ☐ **56-65**
- ☐ **66-75**
- ☐ **76-85**
- ☐ **85+**

Membership Type: