

# **Tandem Inc. Membership Application:**

## Individual or Associate

Mobile:   Email:   Please tick to receive the Tandem ENews bulletin   Are you or have you been a carer of a person with a mental illness? Please circle:   Y Yes   N No		Name:
Mobile:		Address:
Mobile:		
Email:   Please tick to receive the Tandem ENews bulletin   Are you or have you been a carer of a person with a mental illness? Please circle:   Y Yes   N No   INKAGES WITH CARER SERVICES AND GROUPS Please list any carer networks, carer groups or carer focused organisations with which you have/had a connection.		Phone B/H: ( ) A/H: ( )
Please tick to receive the Tandem ENews bulletin   Are you or have you been a carer of a person with a mental illness? Please circle:   Y Yes   N No   INKAGES WITH CARER SERVICES AND GROUPS Please list any carer networks, carer groups or carer focused organisations with which you have/had a connection.		Mobile:
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Y       Yes         N       No         INKAGES WITH CARER SERVICES AND GROUPS         Please list any carer networks, carer groups or carer focused organisations with which you have/had a connection.		
N       No         INKAGES WITH CARER SERVICES AND GROUPS         Please list any carer networks, carer groups or carer focused organisations with which you have/had a connection.		Are you or have you been a carer of a person with a mental illness? Please circle:
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Please list any carer networks, carer groups or carer focused organisations with which you have/had a connection.		N NO
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you have/had a connection.	-	
		you have/had a connection.



Level 1/ 37 Mollison St ABBOTSFORD 3067 Tel: 61-3-8803 5555 Fax: 61-3-8803 5599 www.tandemcarers.org.au

3	SIGNATURE OF APPLICANT
	I agree to be bound by Tandem Inc. Rules of Association ( <u>http://tandemcarers.org.au/rules.php</u> ) and I give consent to Tandem Inc. to use the contact details I have provided for mutual contact purposes.
	Signature of applicant:
	DATE:/

Please scan & email completed forms to <u>admin@tandemcarers.org.au</u> or fax F: 03 8803 5599 or mail original forms to: 1/37 Mollison Street, Abbotsford. 3067 Thank you

OFFICE USE ONLY – (Please scan finalised form and file: n-drive/governance/membership)

Membership Accepted DATE: \_\_\_/ \_\_\_\_Signature: Chair/Dep. Chair\_\_\_\_



### **Membership Categories**

(As per THE RULES OF ASSOCIATION)

#### **Organisational or Group Membership\***

Organisational membership may be granted to an association, company or other organisation which, as determined by the Board, is a carer organisation or has a significant carer focus. An Organisation is required to appoint an individual as its nominated representative and may change its representation by written notice to the Secretary. Although there is a limit of one nominated representative at any given time, other organisational staff may join as Individual Members.

Group membership may be granted to an unincorporated association, or other collective of individuals, which, as determined by the Board in its absolute discretion, consists principally of mental health carers. Such an association may be defined [by way of example only] by its geographical region and/or its objectives. Such a Group is required to appoint an individual as its nominated representative and may change its nominated representative from time to time by written notice to the Secretary. Although there is a limit of one nominated representative at any given time, others may join as Individual Members

#### **Individual Membership**

Individual membership of the Association may be granted [by the Board in its absolute discretion] to an individual who is a resident of Victoria and is a carer, or former carer, of a person with a mental illness.

Representative membership may be granted to any individual who, as determined [by the Board in its absolute discretion] can make a contribution to the purposes of the Association as a result of being representative of a category or type of carers or having experience with particular carer issues. A category or type of carers may be defined [by way of example only] by its geographical region and/or its focus on particular service types.

#### Associate Membership

Associate membership may be granted [by the Board in its absolute discretion] to an individual or organisation with an interest in the activities of the Association, and a wish to be kept advised of these activities. Associate members do not have voting rights.

#### Life Membership

Life membership may be granted [by the Board in its absolute discretion].

\*Carers, who are representing an organisation or group, are also encouraged to sign up for additional Individual Membership.

NOTE: All applications will be considered by the Board of Tandem at the next scheduled Board meeting.