

# Membership Application Form



Membership of VMIAC is regulated by VMIAC Rules and all members are expected to act in accordance with the VMIAC Code of Conduct. Please review the VMIAC Rules and Code of Conduct prior to submitting a membership application.

## Privacy

This web form requests personal information. All information you provide to VMIAC will be kept securely in accordance with the VMIAC Privacy Policy, the Privacy Act 1988 and the Health Records Act 2001.

You own all data you provide to us. You are free to request or make changes to your data at any time. It is also your right to ask us to destroy all data you provide to us. You can make these changes to your data by contacting VMIAC at [membership@vmiac.org.au](mailto:membership@vmiac.org.au) or (03) 9380 3900.

## Section 1: Contact Information

The following information is required for us to deliver member notices and communicate with you.

Name

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Preferred pronouns

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E-mail

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Phone number

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Address

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**Note:** Members are required to provide VMIAC with a postal address per the Associations Incorporation Reform Act 2012. A PO Box is acceptable.

## Section 2: Membership Information

Date of birth

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**Note:** VMIAC requires a date of birth for child safety reasons. If you do not wish to provide your full date of birth, you may enter "1 January" and your birth year.

Do you have lived/living experience of mental and/or emotional distress?  Yes  No

Do you wish to apply for individual or associate membership?  Individual  Associate

### Member Declaration

I wish to become a member of VMIAC and support the purposes of VMIAC. I have read and agree to comply with VMIAC Rules.

Signature

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Date

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### Section 3: VMIAC Programs and Services

Which VMIAC program or service do you intend to access, or are already accessing?

- Check In
- Consumer Advocacy
- Consumers Leading in Governance
- NDIS Appeals and Review
- Other: \_\_\_\_\_

### Section 4: Tell us more about yourself

As the peak body for mental health consumers, VMIAC aims to represent the interests of all consumers, including those from communities that have experienced structural and systemic disadvantages within the mental health system. The information that you provide below will be used for program evaluation and outreach purposes.

Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

Do you identify as any of the following?

- Culturally and linguistically diverse
- LGBTQIA+
- Living with a disability (non-psychosocial)
- Neurodivergent

Do you speak a language other than English at home?  No  Yes, please specify: \_\_\_\_\_

What is your gender?

- Cis woman
- Cis man
- Trans woman
- Trans man
- Agender
- Non-binary person
- Sistergirl
- Brotherboy
- Genderqueer

Are you ...?

- Lesbian
- Bisexual
- Gay
- Same sex attracted
- Asexual
- Heterosexual

Are you intersex?  Yes  No

Are you a lived/living experience (LLE) worker?  Yes  No  No, but I was a LLE worker previously

Is there anything else you would like to share with us?

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