



**MEMBER'S CONSENT
QUEENSLAND ALLIANCE FOR MENTAL HEALTH LTD**

[Name and organisation(if applicable)]

ABN _____ of _____

_____ [address] consents to becoming a member of the Queensland Alliance for Mental Health Ltd and, if required, will pay an amount up to \$10, being the guarantee in accordance with the Constitution of the Company. The following person is appointed as the Member's representative in accordance with section 250D of the Corporations Act 2001 (Cth):

Title:

Full Name:

Address:
.....
.....

Phone:

Email:

Known by any other names:

Aboriginal background: Yes No

Torres Strait Islander background: Yes No

Signed for and on behalf of the Member by its authorised officer

Signature of Authorised Officer:

Office position:

Print Full Name:

Date: