



membership

OUR VISION

Our vision is of a society that promotes and protects good mental health for all and that treats people with experience of mental distress fairly, positively and with respect.

As a member of Manchester Mind you will have the right to attend and vote at our Annual General Meetings.

By applying to become a member of Manchester Mind, I agree to uphold and promote the organisation's visions and values as outlined in the charity's Constitution and Strategic Plan. I am prepared to abide by all decisions that have been taken fairly and within the rules of the organisation, even if this does not match my personal preferences.

SIGNED:

DATED:

To become a Manchester Mind member simply sign and date above, fill in your details opposite and return the whole form to:
Manchester Mind Membership, Zion Community Centre, 339 Stretford Rd, Hulme, M15 4ZY.

Your name and contact details

*required fields

Title _____ First name* _____

Last name* _____

Address* _____

Town* _____

County _____

Postcode* _____

Telephone Number _____

Email _____

Date of birth (DD/MM/YYYY) __ / __ / ____
(Members must be 16 years of age or older)

I am interested in Manchester Mind because

- I am using/have used Manchester Mind's services.
- I have been/still am a service user of mental health services.
- I am a volunteer at Manchester Mind.
- I have/have had personal experience of mental health problems.
- I have an interest in mental health.
- A family member or friend has/had personal experience of mental health problems.
- I care for someone with a mental health problem.
- I work in the mental health sector.

PLEASE TICK ALL THAT APPLY

How would you like to receive information

- Email
- Post
- Other (Please tell us what would work for you, e.g. Facebook, Twitter etc.)

About you

Manchester Mind provides information and services for all, and to ensure that our membership reflects the diverse society in which we live, we would be grateful if you could provide some information about yourself. **If you would prefer not to complete this section, it will not affect your membership. Please detach this section from the rest of the form before returning it to us, and return in a separate envelope if you prefer.**

Gender _____

- Male Female Transgender
- I would prefer not to say

Ethnicity _____

- Asian or Asian British**
- Bangladeshi Indian Pakistani
- Any other Asian background

- Black or Black British**
- African Caribbean
- Any other Black background

- Mixed**
- White & Asian White & Black African
- White & Black Caribbean
- Any other Mixed background

- Other ethnic categories**
- Chinese Any other ethnic category

- White**
- British Irish Any other White background
- I would prefer not to say

Sexual Orientation _____

- Heterosexual/Straight Bisexual Gay man
- Gay woman/Lesbian Other
- I would prefer not to say

Disability _____

- Do you consider yourself disabled? Yes No
- If yes, please provide details.

Would you like to
get involved with
Manchester Mind?

Become
a member
today!



Membership
Application Form



Terms & Conditions

Membership of Manchester Mind is governed by its Constitution and Membership Policy, full copies of which can be provided upon written request to the address above, by emailing info@manchestermind.org or by calling 0161 226 9907.

Data Protection

We will treat the personal information that you provide to us in accordance with the 1998 Data Protection Act and will use it solely for Manchester Mind's purposes. We will not share your personal information with other organisations without your prior permission.

manchestermind.org



facebook.com/manchestermind



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