

# Mental Illness Fellowship of SA

## Membership Registration Form

We keep membership cost low  
why not make a tax deductible  
donation and support MIFSA



Phone: 8221 5160 Fax: 8221 5159 Members Phone: 8410 5249  
 Street Address: 1 Richmond Road Keswick email: mifsa@mhrc.org.au  
 Postal Address: PO Box 310 Marleston SA 5033 web: www.mifsa.org

ABN: **85 595 741 081**

The information asked for in this membership form is strictly confidential. Access will be limited to yourself and the MIFSA administration staff. This form has two sections – Compulsory (must be completed) and Voluntary (Optional).

**Annual Subscription Rates are as follows – please indicate your category by ticking the box and enclose or attach the appropriate fee:**

<b>Compulsory Section</b>					
Date: <input style="width: 150px;" type="text"/>					
Single person	\$20	<input type="checkbox"/>	Family	\$30	<input type="checkbox"/>
Pensioner/student	\$10	<input type="checkbox"/>	Pensioner family	\$18	<input type="checkbox"/>
Organisations	\$45	<input type="checkbox"/>	Donation	\$	<input type="checkbox"/>

(All rates are GST inclusive)

Mr, Mrs, Ms, Dr, Organisation

(First name) (Surname)

Postal Address: Post Code

Email Address: Contact Telephone: Date of Birth

Emergency Contact for Members of **MIFSA's Activity Centres** only

Name: Address

Telephone: Relationship

**Are you a:**

Person who has a Mental Illness	<input type="checkbox"/>	Carer of a person with a mental illness	<input type="checkbox"/>
Health Professional	<input type="checkbox"/>	Member of MIFSA Well Ways program	<input type="checkbox"/>
Organisation	<input type="checkbox"/>	Member of MIFSA Support Group	<input type="checkbox"/>
Other eg: (Family Member)		* If so, name of group	

A bi-monthly newsletter is included in the membership fee. Do you wish to receive one?  
 (Additional copies are available for \$15 per annum.) Yes  No

### MEMBERSHIP PAYMENT

Cash   
  Cheque   
  Money order   
  Credit Card   
  Visa   
  Mastercard

Credit Card No: \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Name on card Signature Date

### Voluntary Section

#### 1. LANGUAGE AND CULTURAL BACKGROUND

Country of birth \_\_\_\_\_

Are you of Aboriginal descent Yes  No

Are you Torres Strait Islander Descent Yes  No

Main Language spoken at home \_\_\_\_\_

#### 2. WHICH INCOME DO YOU RECEIVE?

<input type="checkbox"/> 1. Disability Support Pension	<input type="checkbox"/> 5. Wages
<input type="checkbox"/> 2. New Start Allowance	<input type="checkbox"/> 6. Sheltered Workshop Payments
<input type="checkbox"/> 3. Sickness Allowance	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 4. Job Search Allowance	_____

## Voluntary Section

### 3. WHAT TYPE OF ACCOMMODATION DO YOU LIVE IN?

<input type="checkbox"/> 1. Housing Trust/Public Rental	<input type="checkbox"/> 4. Boarding House/ Hostel
<input type="checkbox"/> 2. Private Rental	<input type="checkbox"/> 5. Residential Program
<input type="checkbox"/> 3. Owner Occupier	<input type="checkbox"/> 6. Other

### 4. WHO DO YOU LIVE WITH?

<input type="checkbox"/> 1. Alone	<input type="checkbox"/> 4. Share
<input type="checkbox"/> 2. Family	<input type="checkbox"/> 5. Friends
<input type="checkbox"/> 3. Spouse/ De Facto	<input type="checkbox"/> 6. Other

### 6. DO YOU CONSIDER YOURSELF TO HAVE

<input type="checkbox"/> 1. Mental Illness	<input type="checkbox"/> 4. Drug and Alcohol Issues
<input type="checkbox"/> 2. Medical Condition (eg: heart condition, diabetes)	<input type="checkbox"/> 5. Intellectual disability
<input type="checkbox"/> 3. Physical Impairment	<input type="checkbox"/> 6. Other

### 5. CARER

Do you have a carer Yes  No

If you have a carer does the person live with you Yes  No

If yes, please state relationship to Carer: \_\_\_\_\_

Are you a Carer Yes  No

If yes, please state relationship to care recipient: \_\_\_\_\_

### For MIFSA Activity Centres Only

7. Do you have a Key Worker / Support Worker ?  
If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

8. How did you hear about / or who referred you to MIFSA  
eg: (relative, friend, professional carer, doctor, other)? \_\_\_\_\_

9. When did you start coming to MIFSA? \_\_\_/\_\_\_/\_\_\_

10. Level of Education/training achieved? \_\_\_\_\_

11. When was this training achieved? \_\_\_\_\_

12. Are you currently Employed? Yes  No

13. If yes, where? \_\_\_\_\_

14. If no, when were you last in the workforce? \_\_\_\_\_

15. What is the name of your treating practitioner? \_\_\_\_\_

16. What is their contact phone number? \_\_\_\_\_

17. What is your Primary Psychiatric diagnosis? \_\_\_\_\_

18. Do you have a Secondary Diagnosis? \_\_\_\_\_

19. When were you diagnosed? \_\_\_\_\_

20. How many times have you been hospitalised during the past two years? \_\_\_\_\_

21. Are you registered with your local Mental Health Service (eg: Adair Clinic, Caramarr)? \_\_\_\_\_

22. Do you have private health care? Yes  No

23. Do you have a Department of Veterans Affairs Card (DVA )? Yes  No

24. If yes what type? \_\_\_\_\_

#### Office use only:

Member ID:	Date:	Entered:
Receipt Number::	Date received:	Entered: