

**MEMBERSHIP FORM**

Thank you for your interest in becoming a member of MHM Wales, you will find the application form overleaf.

Our Mission Statement:

**“To promote the mental and emotional health and well-being of the public through the provision of information, advocacy, training and support”**

Our main services are based in Bridgend and include *Wellbeing Hubs; Dementia Therapeutic Support, SORTED, SHARE, CASPA, Talking Connections Counselling, Friends of Coity, Training Information Service; Community Advocacy, IMCA, IPA, PRPR, Litigation Friend, Nearest Relative, PIA, Lobbying and Campaigning, Volunteering Opportunities.*

**Membership:** gives you a say in what MHM Wales does & how it is run since it entitles you to:

1. Stand for election to join our board of trustees.
2. Vote for candidates who are standing for election
3. Suggest issues to be discussed at our Annual General Meetings (AGM)
4. Receive a copy of our annual IMPACT Report

***Membership Rules*:**

* All applications for membership will be approved by the Board of Directors at the bi-monthly Directors’ meetings.
* If membership is refused you will be notified of the reasons in writing within 21 days.
* Membership is not transferable to anyone else.
* The Directors are required to keep a register of names and addresses of the members.
* Group membership allows for one vote per organisation\*

***Termination of Membership***:

* Membership is terminated if the member dies or if the organisation ceases to exist.
* The member resigns by giving written notice to the charity.
* The member is removed from membership by a resolution of the Directors that is in the best interests of the Charity.

**Further information can be found about MHM Wales by visiting our website** [**www.mhmwales.org**](http://www.mhmwales.org)

**Membership of MHM Wales is FREE since we value the support of our members and rely on members to help us achieve our aims and objectives.**

**MHM WALES**

**MEMBERSHIP**

NAME/ORGANISATION: ..................................................................................................

ADDRESS: .........................................................................................................................

 .………………………………………………………………………………….………………………………………….

 Telephone Number: ............................................... Email address: ………………………………………

 Individual member Group Membership\*

 Signed: .............................................. Date: ......................................................

**Please return to:**

**MHM Wales, Union Offices, Quarella Road, Bridgend, CF31 1JW**

Application Approved by Board of Directors on.……………………………………………………………………

Application Disapproved by the Board of Directors on………………………………………………………….

Reasons for disapproval

The details you have provided are held on computer by MHM Wales and the forms are kept manually. This is solely for the purpose of providing you with information regarding MHM Wales issues to which you are entitled as a member.

Only designated members of staff and the Board of Trustees have access to the details which you have provided