



Resignation of Membership

Your contact details

Name: _____

Organisation: _____

Address: _____

Phone number: _____

Your email: _____

Organisation email: _____

Would you also like to unsubscribe to the e-bulletin
(please tick)?

Membership Declaration

I wish to **resign** as an organisation or associate member
of the Northern Territory Mental Health Coalition.

Name: _____

Signature: _____

Date: _____

Endorsement by the CEO:

Name: _____

Signature: _____

Date: _____

Please send the completed form to: eo@ntmhc.org.au

Office use:

Endorsed as accepted by the NT Mental Health Coalition:

Name: _____

Signature: _____

Date: _____