



# MI FLAG

Mental Illness Fellowship Lobbying and Advocacy Group

## EXPRESSION OF INTEREST

Name: \_\_\_\_\_

*Please circle*

Interest: Family; Individual; Professional; Friend;  
Representative on behalf of another organisation – please name

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax Email: \_\_\_\_\_

I would like to be involved in the following MIF Flag activities: *Please tick*



A member of MI Flag's coordination group

(meets monthly to develop campaigns and related resources;



\Write letters to politicians;



Write letters to newspapers;

- ☀ Phone talk back radio;
- ☀ Speak directly to politicians;
- ☀ Be part of a delegation;
- ☀ Be part of the media watch group;
- ☀ Recruit other to join MF Flag;

**Frequency:**      Monthly    3 monthly      Annually    As required

*Please circle*