



Renewal Form - Organisational Membership Application and Tax Invoice

ABN: 50 515 216 820

1 July 2018 – 30 June 2019

1. Membership Type (please tick one)

| Full Organisational | Associate Organisational |
|---|--|
| A full organisational member must be able to demonstrate its interest or involvement in alcohol, tobacco and other drug issues, and its charter must be compatible with the objects of ATODA. To be eligible for full organisational membership, an organisation must have as its main function the provision of alcohol, tobacco and/or other drug services (e.g. prevention and/or treatment services) directly to the community or to parts of it. | An organisation is qualified to be an associate member if it is an organisation, institution, company, or government agency with an interest in alcohol, tobacco and other drug issues, and its charter is compatible with the objects of ATODA. |

2. Organisation's membership details

| | |
|---|---|
| Organisation: | . |
| ATOD program/s: (If not core business) | . |
| Website: | . |
| Address: | . |
| Postal Address: | . |
| Phone: | . |
| Fax: | . |
| Email: | . |

Member Delegate Contact Details¹

| |
|--------|
| Name: |
| Email: |

Member Delegate 2 Contact Details (note: only full members are able to have two delegates)

| |
|--------|
| Name: |
| Email: |

**The email addresses provided will be the addresses used for correspondence from ATODA*

¹ Delegate contact details should be those of the nominee(s) who holds voting rights on behalf of the organisation and who will be in receipt of member correspondence from ATODA.

Do we have permission to publish your organisation's name and website in our Annual Report and on ATODA's website Yes No

My organisation supports the aims and objectives of the Alcohol Tobacco and Other Drug Association ACT Inc and enclose a cheque / money order or deposited EFT for annual membership.

Signed: _____ **Date:** _____

3. Membership Description (please select the desired category of membership to calculate the annual membership fee)

Fees are based on revenue level for organisations

| Membership type | Membership fee (GST inclusive) ² | Please Tick |
|--|---|-------------|
| Full Organisational Membership | | |
| < \$10,000 | \$34 | |
| \$10,000 - \$50,000 | \$68 | |
| \$50,000 - \$100,000 | \$136 | |
| \$100,000 - \$500,000 | \$271 | |
| \$500,000 – \$1 million | \$406 | |
| > \$1 million | \$565 | |
| Associate Organisational Membership | \$271 | |
| | TOTAL | |

² **Pro-rata Rates:** ATODA membership is for a fixed period of a financial, 1 July – 30 June. Membership applications received between 1 January and 30 June are invoiced on a pro-rata basis, meaning you will only be invoiced for the part of the financial year you are a member. ATODA will request a membership renewal in July.

4. Payment Options and Details

Please submit this form via the contact information provided below and process payment. Complete the information below in relation to payment details and for EFT transactions please provide a name in the transaction details.

| | |
|--------------------|--|
| Please tick | cheque electronic funds transfer (EFT) invoice required |
| ATODA Bank Details | BSB: 032-719 Account Number: 535790 Account Name: Alcohol Tobacco and Other Drug Association ACT Incorporated <i>Please provide your / your organisation's name on the transfer description</i> |

TO SUBMIT:

Please return this completed renewal form to:
 Alcohol Tobacco and Other Drug Association ACT Inc
Email: info@atoda.org.au
Post: PO BOX 7187 Watson ACT 2602

Please phone our office if you have any questions phone: (02) 6249 6358

Office Use Only

| |
|-----------------------------|
| Date Received: |
| Date Accepted by the Board: |
| Signature: |