



**THE CANBERRA  
DRUG POLICY  
SERIES**

FOR MORE INFORMATION ON THE CANBERRA DRUG POLICY SERIES AND TO PLEDGE YOUR SUPPORT, PLEASE PROVIDE YOUR DETAILS BELOW.

## PLEASE PRINT

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

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

Post Code: \_\_\_\_\_

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

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



I WISH TO BE MORE INVOLVED IN THE CANBERRA DRUG POLICY SERIES:

I want to be notified about future events

I want to volunteer and am really good at

\_\_\_\_\_

I want to share my story about how drugs have affected me and/or my family

I want to sign up to ATODA's newsletter

I want more information on Uniting's campaign for Fair Treatment

NOTES: \_\_\_\_\_

\_\_\_\_\_

Please fill out and send to [support@canberradrugpolicy.org.au](mailto:support@canberradrugpolicy.org.au)