

4. Membership Description

Category	Membership fee (GST inclusive) ¹	Please Tick
Individual Membership ²	\$22 ³	<input type="checkbox"/>

I support the vision and objectives of the Alcohol Tobacco and Other Drug Association ACT Inc.

Name: _____

Signed: _____ Date: _____

5. Payment Options and Details

Please complete the information below in relation to payment options and details. For EFT transactions please provide a name on the transfer details.

Please tick one	<input type="checkbox"/> cheque <input type="checkbox"/> electronic funds transfer (EFT) <input type="checkbox"/> 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

Note new membership applications are subject to approval from the ATODA Board.

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

Office Use Only

Date Received:
Date Accepted by the Board:
Signature:

¹ **Pro-rata Rates:** ATODA membership is for a fixed period of a financial year, 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 each year.

² Individuals must be 18 years of age or older.

³ If a member is experiencing hardship please contact the ATODA office.