



# Organisational Membership Renewal and Tax Invoice

ABN: 50 515 216 820

**1 July 2021 – 30 June 2022**

## 1. Organisation's membership details

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

### Member Delegate Contact Details<sup>1</sup>

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*

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:** \_\_\_\_\_

<sup>1</sup> 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.

**2. 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) <sup>2</sup>	Please Tick	
<b>Full Organisational Membership</b>			
< \$10,000	\$35	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000 - \$50,000	\$70	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000 - \$100,000	\$140	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 - \$500,000	\$280	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000 - \$1 million	\$420	<input type="checkbox"/>	<input type="checkbox"/>
> \$1 million	\$585	<input type="checkbox"/>	<input type="checkbox"/>
<b>Associate Organisational Membership</b>	\$280	<input type="checkbox"/>	<input type="checkbox"/>

**3. 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](mailto:info@atoda.org.au)  
**Post:** PO BOX 7187 Watson ACT 2602

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

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

<sup>2</sup> **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.