



Membership Application and Tax Invoice

ABN: 50 515 216 820

1 July 2011 – 30 June 2012

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the alcohol, tobacco and other drug sector in the Australian Capital Territory (ACT). ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. ATODA is an evidence informed organisation that is committed to the principles of public health, human rights and social justice. For further information visit www.atoda.org.au.

As a peak body, two key roles of ATODA are to:

- Ensure that individuals affected by the harms from alcohol, tobacco and other drugs, and the organisations that support them, are well supported and represented in policy and program development and public discussion; and
- Programs, services and workers have the necessary capacity and resources to provide support to members of the community affected by alcohol, tobacco and other drug issues.

3. Membership Type (please tick one)

<input type="checkbox"/> Full A full 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 membership, a non-government, government, private sector or other organisation must have as its main function, or the main function of one of its programs, the provision of alcohol, tobacco and other drug services (e.g. prevention and/or treatment services) directly to the community or to parts of it.	<input type="checkbox"/> Associate 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.	<input type="checkbox"/> Individual A person is qualified to be an individual member if they have an interest in alcohol, tobacco and other drug issues and endorse ATODA's objects.
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4. Membership Details

Organisation (if applicable):
Website:
Address:
Postal Address:
Phone:
Fax:
Email:*

*This email address will be the primary address used for correspondence within a member organisation.

Member Delegate 1 Contact Details¹

Name:
Email:

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

Name:
Email:

For individuals, do we have permission to publish your name in our Annual Report and on our list of members? (e.g. J. Smith) Yes No

For organisations, do we have permission to publish your organisation's:
Name in our Annual Report? Yes No Link on our website? Yes No

Organisations applying for new membership (or where their work in relation to alcohol, tobacco and other drug issues may have changed over the previous 12 months to impact on their category of membership) need to provide a copy of their constitution and their most recent annual report along with this completed application form. Attached

Most of ATODA's correspondence is electronic. In addition to this, please specify if you would like to receive correspondence in another format ATODA: Email Post Other (please specify)

Please let us know what alcohol, tobacco and other drug related issues you are interested in:

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I / my organisation support 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: _____

¹ Delegate contact details should be those of the nominee(s) who holds voting rights on behalf of the organisation.

5. Membership Description (Please select the desired category of membership to calculate the annual membership fee)

Membership fees are based on revenue level for organisations and income level for individuals.

Membership type	Membership fee (GST inclusive) ²	Please Tick (if applicable)
Full membership		
< \$10,000	\$30	
\$10,000 - \$50,000	\$60	
\$50,000 - \$100,000	\$120	
\$100,000 - \$500,000	\$240	
\$500,000 – \$1 million	\$360	
> \$1 million	\$500	
Associate Membership	\$240	
Individual Membership³		
Concession ⁴	\$20	
< \$40,000	\$40	
> \$40,000	\$80	
TOTAL		

6. Payment Options and Details

Please post or email this completed membership application with a cheque or money order made payable to the Alcohol Tobacco and Other Drug Association ACT or for EFT 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"/> cash <input type="checkbox"/> money order
ATODA Bank Details	BSB: 633000 Account Number: 140237066 <i>Please provide your / your organisation's name on the transfer description</i>

Please return this complete application form to:
 Alcohol Tobacco and Other Drug Association ACT Inc
 Address: 350 Antill St., Watson
 Post: PO BOX 7187 Watson ACT 2612
 Phone: (02) 6255 4070
 Fax: (02) 6255 4649
 Email: info@atoda.org.au

Office Use Only

Nominated by:
Seconded by:
Date Received:
Date Accepted by the Board:
Signature:

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.

³ Individuals must be 18 years of age or older.

⁴ Concession equates to an individual's income which is less than \$40,000 per year.