



## Individual Membership Renewal and Tax Invoice

ABN: 50 515 216 820

1. **Membership Period:** 01 July \_\_\_\_\_ to 30 June \_\_\_\_\_

2. **Individual Member Details**

Name:
Organisation: (If applicable)
Position: (If applicable)
Postal Address:
Phone:
Email:*

*\*This email address will be the primary address used for correspondence from ATODA and will be subscribed to the ebulletin.*

ATODA's correspondence is electronic. If you would like to receive correspondence in another way, please contact the office.

I declare that I have no affiliation with the alcohol or tobacco industry

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

3. **Membership Description**

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

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

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

<sup>1</sup> **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.

<sup>2</sup> Individuals must be 18 years of age or older.

<sup>3</sup> If a member is experiencing hardship please contact the ATODA office.

**4. Payment Options and Details**

Please post or email this completed membership renewal 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 <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>

**Please return this completed renewal form to:**  
 Alcohol Tobacco and Other Drug Association ACT Inc  
 Address: 159 Maribyrnong Avenue Kaleen ACT 2617 Post: PO BOX 7009  
 Kaleen ACT 2617 Email: [info@atoda.org.au](mailto:info@atoda.org.au) Phone: (02) 6249 6358