



Organisational Membership Renewal and Tax Invoice

ABN: 50 515 216 820

1. Membership Period: 01 July _____ to 30 June _____
2. Organisation's membership details

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

Member Delegate Contact Details¹

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:** _____

¹ 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.

3. 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) ²	Please Tick	
Full Organisational Membership			
Reciprocal	N/A		
< \$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"/>
Associate Organisational Membership	\$280	<input type="checkbox"/>	<input type="checkbox"/>

4. 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 7009 Kaleen ACT 2617

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.

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.