



New Individual Membership Application

ABN: 50 515 216 820

1. Membership Period: 1 July _____ to 30 June _____

2. Membership Type

Individual Member: A person is qualified to be an individual member if they have an interest in alcohol, tobacco and other drug issues. They must be able to demonstrate their interest or involvement in alcohol, tobacco and other drug issues and endorse ATODA's objectives. Note that membership applications are subject to approval from the ATODA Board.

3. New 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 ebuletin.*

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 ☐

4. New Individual Member Information

Individuals applying for new membership to provide a copy of their Curriculum Vitae or other documentation to demonstrate their interest in the field. Documentation attached ☐

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

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Please attach other information if required.

5. Membership Description

Category	Membership fee (GST inclusive) ¹	Please Tick
Individual Membership ²	\$30 ³	<input type="checkbox"/>

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

Name: _____

Signed: _____ Date: _____

6. Payment Details

ATODA Bank Details	BSB: 032-719 Account Number: 535790 Account Name: Alcohol Tobacco and Other Drug Association ACT Incorporated <i>Please provide your name on the reference</i>
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TO SUBMIT:

Please return this completed form to:
Alcohol Tobacco and Other Drug Association ACT Inc
Email: info@atoda.org.au
Post: PO BOX 7009 Kaleen ACT 2617
**We will send an invoice once we receive
the completed form and it is approved by
the 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.