



## New Organisational Membership Application

ABN: 50 515 216 820

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

2. Membership Type (please tick one)

<input type="checkbox"/> <b>Full Organisational</b> A full organisational 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 full organisational membership, an organisation must have as its main function the provision of alcohol, tobacco and/or other drug services (e.g. prevention and/or treatment services) directly to the community or to parts of it.	<input type="checkbox"/> <b>Associate Organisational</b> 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.
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3. Organisation's membership details

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

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

Name:
Email:

Member Delegate 2 Contact Details (note: only full members can have two delegates)

Name:
Email:

*\*The email addresses provided will be the addresses used for correspondence from ATODA*

<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.

Do we have permission to publish your organisation's name and website in our Annual Report and on ATODA's 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. Constitution attached ☐ Annual report attached ☐

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

*Please attach other information if required.*

**My organisation supports the aims and objectives of the Alcohol, Tobacco, and Other Drugs Association ACT Inc. and submits a completed form, paying the annual membership fee.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. 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>				
Reciprocal	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
< \$10,000	\$40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000 - \$50,000	\$80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000 - \$100,000	\$150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 - \$500,000	\$290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000 - \$1 million	\$440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> \$1 million	\$610	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Associate Organisational Membership</b>	\$290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<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.

## 5. 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 organisation's name on the transfer description</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](mailto: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**

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

#### Office Use Only

Date Received:
Date Accepted by the Board:
Signature: