



Organisational Membership Renewal

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:
Email:

Member Delegate Contact Details¹

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*

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 deposits payment 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 the revenue level for organisations

Membership type	Membership fee (GST inclusive)	Please Tick		
Full Organisational Membership				
Reciprocal	N/A			
< \$10,000	\$40			
\$10,000 - \$50,000	\$80			
\$50,000 - \$100,000	\$150			
\$100,000 - \$500,000	\$290			
\$500,000 - \$1 million	\$440			
> \$1 million	\$610			
Associate Organisational Membership	\$290			

4. 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 renewal 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

Please phone our office if you have any questions: (02) 6249 6358