ATODA
Alcohol Tobacco & Other Drug Association ACT

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 of ATODA 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. As per the ATODA Constitution, please note that for individual membership applications to be eligible, applicants must be nominated in writing by an existing member of ATODA (please use the attached membership nomination form). 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 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 ☐

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:

Please attach other information if required.

5. Membership Description

Category	Membership fee (GST inclusive)[1]	Please Tick
Individual Membership[1]	**$30**	☐

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 *Please provide your name on the reference*

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] Individuals must be 18 years of age or older.

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ATODA Membership Nomination Form

1. **Nominee Information**
- **Full Name:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Postal Address:** _____
- **Organisation (if applicable):** _____

2. **Statement of Interest or Involvement.** Please describe the nominee's interest or involvement in alcohol, tobacco, and other drug (ATOD) issues. Include relevant experience, professional roles, volunteer work, advocacy, research, or lived experience.

Response:

3. **Endorsement of ATODA's Vision and Objectives.** Please explain how the nominee supports the vision and objectives of ATODA. You may refer to specific initiatives, values, or goals that align with their work or beliefs.

Response:

4. **Nominator's Details *(ATODA member)***
   - **Name of Nominator:** _____
   - **Relationship to Nominee:** _____
   - **Organisation:** _____
   - **Email / Phone:** _____

Declaration
I understand that membership applications are subject to approval by the ATODA Board. I affirm that the nominee meets the criteria for individual membership and supports the objectives of the Alcohol Tobacco and Other Drug Association ACT Inc.

Signature of Nominator: _____ **Date:** _____

Board Approval:
Board Secretary: Name/Signature _____
Date_____