



Individual Membership Renewal

ABN: 50 515 216 820

1. **Membership Period:** 01 July _____ to 30 June _____
2. **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 ☐

3. Membership Description

Category	Membership fee (GST inclusive) ²	Please Tick
Individual Membership ¹	\$30	☐

I support the aims and objectives of the Alcohol Tobacco and Other Drug Association ACT Inc and complete the form and deposit payment for annual membership.

Signed: _____ **Date:** _____

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

¹ Individuals must be 18 years of age or older.

² If a member is experiencing hardship, please contact the ATODA office.

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 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

Post: PO BOX 7009 Kaleen ACT 2617

**We will send an invoice once we
receive the completed form**