

Membership Application

The contact details provided below will be listed as the organisational nominee who holds voting rights on behalf of the organisation.

Contact Details

Name: _____ Position: _____
 Organisation: _____
 Address: _____
 Town/Suburb: _____ Postcode: _____ State/Territory: _____
 Email: _____ Organisational email: _____
 Website: _____ Phone: _____

Organisational / Service Details

(Please tick those that apply)

- Counselling
- Residential Treatment Program
- Day Program (non-residential)
- Sobering Up Shelter
- Volatile Substance Abuse Program
- Community Patrol
- Information & Education
- Family-inclusive
- Youth
- Needle and Syringe Program
- Aftercare Program
- Assertive Outreach Program
- Withdrawal Management
- Other:

Membership Category

(Please tick the category and fee that applies)

- Full Membership**
 Non-government organisations and individuals who provide direct AOD services. An eligible service may be a division of a larger organisation or service group.
 Income per annum:
 \$249,000 and under | \$250.00 p.a. (incl GST)
 249,001 to \$999,999 | \$350.00 p.a. (incl GST)
 Over \$1 million | \$550.00 p.a. (incl GST)
- Associate Membership**
 Non-government organisations and individuals who provide indirect AOD services / health community services;
 Government organisations who provide direct and indirect AOD services; Research centres conducting research to the benefit of AOD sector; Any other stakeholder
 Flat Fee | \$250.00 p.a. (incl GST)
- Individual Membership**
 Waged | \$40.00 p.a. (incl GST)
 Unwaged | \$20.00 p.a. (incl GST)

Membership Details

A Tax Invoice for fees will be issued on receipt and acceptance of application.

Once approved, a tax invoice will be issued for your membership fee and a Member Handbook and relevant information will be sent to you via the nominated email address you provided.

Pro Rata membership fees are applied for new members that join from August onwards in any given year. Membership is renewable on an annual basis (July 1)

The afore-named organisation (or individual) hereby applies for membership of the Association of Alcohol and Other Drug Agencies NT (AADANT) and nominates the afore-named person as the contact person and representative for all correspondence.

Upon acceptance of this application, the Association of Alcohol and Other Drug Agencies NT is authorised to insert the name of this organisation (or individual) in the register of members of the incorporated association.

By signing this application we/I hereby agree to abide by the Rules of the Association of Alcohol and Other Drug Agencies NT Inc. We/I wish to apply for membership of AADANT

1st Delegate Name/Signature

Date:

2nd Delegate Name/Signature

Date:

Please forward application form to admin@aadant.org.au upon completion