

Membership application form

About the ATDC

The Alcohol, Tobacco and other Drugs Council of Tasmania Inc. (ATDC) is the peak body representing the interests of community sector organisations that provide services to people with substance use issues in Tasmania. The ATDC is a member based, independent, not for profit and incorporated organisation which is the key body advocating for adequate systemic support and funding for the delivery of evidence-based alcohol, tobacco and other drug (ATOD) initiatives.

Purpose of the ATDC

The ATDC:

- participates in the development, monitoring and analysis of ATOD policy, structures, services, resource allocation processes and outcomes,
- facilitates partnerships to strengthen organisations,
- promotes consumer participation in ATOD services,
- facilitates sustainability and advocates for adequate resourcing, capacity building and workforce development in the ATOD sector,
- engages and supports research and the use of evidence informed practice in the ATOD sector,
- auspices ATOD organisations where appropriate, and
- plays a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

Benefits of membership

Members gain access to a range of services provided by the ATDC, as well as the opportunity to contribute to the development of the non-government ATOD sector.

Stay informed:

- Member eNews - fortnightly email news bulletin
- Website focused on communication with members
- Regular meetings and events to share information with members, stakeholders and other industry bodies

Policy and advocacy:

- Provision of independent, evidence-based leadership
- Promotion of members' interests through policy submissions
- Sector representation at government, policy and industry forums
- Advocacy of key issues in the media

Sector capacity building and workforce development:

- Workforce profiling
- Projects that build quality in organisations and services
- Provision of heavily subsidised evidence-based clinical skills training

Member contribution:

- ATDC is governed by members
- Voting rights for full members at Board elections and Annual General Meetings (AGM)
- Contribute to policy submissions and project development
- Advisory group participation
- Inform the ATDC's advocacy and programs

Networking:

- Biennial Conference
- Regular forums and events
- Support for partnership development

As a member of the ATDC:

You can expect the ATDC to:

- advocate for and represent all members,
- provide services for all members,
- value the diversity of the non-government alcohol and other drugs sector,
- be responsive and provide advice to all members, and
- respect members' privacy and confidentiality.

Membership categories and eligibility

There are two categories of membership: full and associate. Both organisations and individuals can apply to be members of the ATDC.

Full membership – entitled to voting rights

An organisation is qualified to be a full member of the ATDC if the organisation:

- is a non-government, not-for-profit organisation, group or organised network (incorporated or not),
- is committed to, and able to contribute to, the purpose and objects of the Council, and
- has an interest in the provision of alcohol, tobacco and other drug services.

An individual is qualified to be a full member of the ATDC if the individual:

- is committed to, and able to, contribute to the purpose and objects of the Council and,
- is not a person elected to government office.

Associate membership – not entitled to voting rights

- Organisations – those organisations that do not qualify for full membership but who are committed to, and able to, contribute to the purpose and objects of the Council and have an interest in the provision of alcohol, tobacco and other drug services.
- Individuals – any person elected to government office.

Membership fees

Full membership

Organisations:

Membership fees for organisations are calculated on your ATOD annual gross turnover. Fees are payable per financial year, that being July 1 to June 30. For those joining partway through the year, pro rata fees will be applied.

Member income	Annual membership fee (includes GST)
Under \$100,000	\$ 55.00
\$100,000 to \$250,000	\$77.00
\$250,000 to \$500,000	\$110.00
\$500,000 to \$1,000,000	\$220.00
\$1million to \$2.5million	\$330.00
\$2.5million to \$5million	\$440.00
Over \$5million	\$660.00
Individuals:	\$22.00

Associate membership

Organisations:

Membership fees for organisations are calculated on your ATOD annual gross turnover. Fees are payable per financial year, that being July 1 to June 30. For those joining partway through the year, pro rata fees will be applied.

Up to \$250,000	\$77.00
Over \$250,000	\$110.00
Individuals:	\$22.00

How to pay:

Account Name: The Alcohol, Tobacco and Other Drugs Council (Tas) Inc.

BSB: 633 000

Account Number: 124 559 683

Return by post

ATDC Membership
PO Box 4702 Bathurst Street
HOBART TAS 7000

Return by email to admin@atdc.org.au

For more information about membership, phone 03 6231 5002 or email admin@atdc.org.au

This application is for:

- Organisation membership- please proceed to next page
- Individual membership - skip to page 8

MEMBERSHIP FORM: ORGANISATIONS

This application is for:

- Full membership
- Associate membership

Service and organisation details

Please provide information on your service below.

Service name	
Organisation name	
Postal address	
Street address	
Phone	
Fax	
Website	
Member type Check one only	<input type="checkbox"/> We are a specialist ATOD service <input type="checkbox"/> We provide a range of services, that includes ATOD

Full Membership fees – please check box that applies

Your service's ATOD annual gross turnover Check one only		
<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$100,000 to \$250,000	<input type="checkbox"/> \$250,000 to \$500,000
<input type="checkbox"/> \$500,000 to \$1million	<input type="checkbox"/> \$1million to \$2.5million	
<input type="checkbox"/> \$2.5 to \$5million	<input type="checkbox"/> Over \$5million	

Associate Membership fees – please check box that applies

Your service's ATOD annual gross turnover Check one only	
<input type="checkbox"/> Up to \$250,000	<input type="checkbox"/> Over \$250,000

Delegate details – for full membership applicants only

Full organisational members are entitled to appoint one delegate per incorporated entity to represent it and vote at meetings of the ATDC. As such, please nominate a delegate below to represent your organisation and vote at the AGM. This delegate will receive formal communication regarding significant sector events and the AGM.

Delegate

Name	
Title <small>Check one only</small>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr Other (specify) _____
Position	
Phone	
Mobile number	
Email	
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Formal communication <input type="checkbox"/> Member eNews - <i>email news bulletin</i>

Primary contact – for both full and associate membership applications

The primary contact may be the delegate or another nominated person.

Name	
Position	
Phone	
Mobile number	
Email	
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Formal communication <input type="checkbox"/> Member eNews - <i>email news bulletin</i>

Secondary contact (if applicable) – for both full and associate membership applications

Name	
Position	
Phone	
Mobile number	
Email	
I wish to receive	<input type="checkbox"/> Member eNews - <i>email news bulletin</i>

Administration contact (if applicable) - full and associate membership applications

Name	
Position	
Phone	
Mobile number	
Email	
I wish to receive	<input type="checkbox"/> Member eNews - <i>email news bulletin</i>

Service profile - full and associate membership applications

Please complete the following details so the ATDC can provide targeted services for our members. This information is used to build a profile of our members, individual service characteristics will not be published or made available, however characteristics of the ATOD sector as an entirety is used by the ATDC and available to members on request.

Service area Check all service areas

<input type="checkbox"/> South	<input type="checkbox"/> North	<input type="checkbox"/> North West
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What is the core business of your service? Check only the most relevant

<input type="checkbox"/> Counselling	<input type="checkbox"/> Withdrawal management (detoxification)
<input type="checkbox"/> Rehabilitation activities	<input type="checkbox"/> Maintenance pharmacotherapy (opioid)
<input type="checkbox"/> Support and case management	<input type="checkbox"/> Consultation activities
<input type="checkbox"/> Assessment	<input type="checkbox"/> Involuntary treatment
<input type="checkbox"/> Sobering up	<input type="checkbox"/> Information and education
<input type="checkbox"/> Aftercare	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Screening and brief intervention	_____

Other alcohol, tobacco and other drug services Check only the most relevant

<input type="checkbox"/> Health promotion	<input type="checkbox"/> Community development	<input type="checkbox"/> School-based programs
<input type="checkbox"/> Peer education	<input type="checkbox"/> Needle and syringe program	<input type="checkbox"/> Family support
<input type="checkbox"/> Living skills programs	<input type="checkbox"/> Policy	<input type="checkbox"/> Research
		<input type="checkbox"/> Other, please specify:

Service delivery setting Check only the most relevant

<input type="checkbox"/> Community/Outpatient	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Residential
<input type="checkbox"/> Home	<input type="checkbox"/> Correctional	

Priority population/s Check only the most relevant

- | | |
|--|---|
| <input type="checkbox"/> Men | <input type="checkbox"/> Injecting drug users |
| <input type="checkbox"/> Women | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Young people | <input type="checkbox"/> People with comorbid mental health and ATOD |
| <input type="checkbox"/> Aboriginal/Torres Strait Islander | <input type="checkbox"/> Culturally and linguistically diverse communities |
| <input type="checkbox"/> Families | <input type="checkbox"/> People connected to, or from the criminal justice system |
| <input type="checkbox"/> Parents with children | <input type="checkbox"/> Gay, lesbian, bisexual, transgender, intersex |

Other, please specify: _____

Source of funding Check all that apply

State	Commonwealth	Other
<input type="checkbox"/> DHHS (Tas)	<input type="checkbox"/> Primary Health (Tas) <input type="checkbox"/> Other Funding Grant <input type="checkbox"/> Dept of Social Services <input type="checkbox"/> Dept of Health	<input type="checkbox"/> Client contribution <input type="checkbox"/> Private/Philanthropic
		Other , please specify: _____

Staff numbers Check one only

Number of staff (in terms of full time equivalent positions)

<input type="checkbox"/> 5 or fewer	<input type="checkbox"/> 6 to 30	<input type="checkbox"/> Over 30
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Other service description Optional

Is there a better way to describe your service?

Quality improvement

Is your service or organisation engaged in a formal quality improvement/accreditation program? Check one only

<input type="checkbox"/> No	<input type="checkbox"/> Yes, with QIP	<input type="checkbox"/> Yes, with ACHS	Yes, specify another provider
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If you ticked 'yes' above, have you gained accreditation? Check one only

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If you ticked 'yes' above, please provide your accreditation details

Year accredited YYYY format	
QI standard Please provide details e.g. ASES, ACHS or other	

Organisational Members - please skip to page 9

MEMBERSHIP FORM: INDIVIDUALS

Please complete the details below:

Name	
Title <small>Check one only</small>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr Other, <input type="checkbox"/> Specify _____
Position	
Phone	
Mobile number	
Email	
Are you an individual that has been elected to Government office	<input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Formal communication <input type="checkbox"/> Member eNews - <i>email news bulletin</i>

Please detail below your interest in the provision of alcohol, tobacco and other drug services in Tasmania:

Membership endorsement

All applications for membership must be endorsed by two current ATDC members. A list of members can be found at www.atdc.org.au or contact the ATDC for recommendations.

	Endorsement one	Endorsement two
Organisation name		
Contact name		
Position		
Signature		
Date		

Authorisation

Authorisation for ATDC membership application approved by your organisation's executive.

Name	
Position	
Signature	
Date	

- The organisation/individual agrees that the information provided above is correct.
- The organisation/individual has provided a copy of the certificate of registration for a not-for-profit, non-government organisation.
- The organisation/individual agrees to the ATDC posting member details on the ATDC website. This is limited to organisation name, suburb, telephone and website. We do not include street location, funding or individual contact details.

Thank you for your interest in becoming an ATDC member, applications are assessed and determined by the ATDC Board of Governance that meets regularly.

For office use only

Approval process

Receipt of applications sent to applicant Check one only

Date

Format

Letter

Email

ATDC Board approval Check one only

Date

Approved

Yes

No

Membership type

Member

Associate member

Member fee invoice sent

Date