



# NADA Membership Application

## As a member you can expect NADA to:

- Advocate for and represent all NADA members
- Provide services for all NADA members
- Value the diversity of the non government drug and alcohol sector
- Be responsive and provide advice to all NADA members
- Respect member's privacy and confidentiality.

## As a member you are expected to:

- Contribute to non government drug and alcohol sector representation and development, where possible
- Respect the diversity and range of views across the non government drug and alcohol sector
- Appoint a delegate to represent and vote at NADA general meetings
- Pay membership fees when due.

## Membership fees

NADA membership fees are calculated on the whole income of the applying program/organisation.

Membership fees are as follows:

<i>Applying member income</i>	<i>Annual membership fee (GST exclusive)</i>
Under \$250,000 or unfunded	\$150
\$250,000 to \$500,000	\$300
Over \$500,000	\$600

NADA membership fees are payable per financial year, that being 1 July to 30 June. For members joining part way through the year, pro rata fees are applicable.

## Forward membership applications to:

Membership  
NADA  
PO Box 2345  
STRAWBERRY HILLS NSW 2012

For further information about NADA membership, contact Tanya on ph. (02) 8113 1312 or [tanya@nada.org.au](mailto:tanya@nada.org.au)

## Organisation details

<i>Program/Organisation name</i>	
<i>Parent organisation (if applicable)</i>	
<i>Postal address</i>	
<i>Street address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>Website</i>	

## Member fees

Please indicate your program/organisation's whole income.

Under \$250,000 or unfunded

\$250,000 to \$500,000

Over \$500,000

## Delegate details

Nominate a delegate to represent your organisation and vote at NADA general meetings. The delegate will receive communication from NADA regarding significant sector events and NADA's general meetings.

<i>Delegate name</i>	
<i>Position</i>	
<i>Office phone</i>	
<i>Mobile phone</i>	
<i>Email</i>	
<i>NADA communication</i> <i>(indicate to receive specific communication)</i>	<input type="checkbox"/> Formal communication <input type="checkbox"/> NADA Advocate (bi-monthly digital newsletter) <input type="checkbox"/> Member Email Update (fortnightly news bulletin)

## Other contact details

Nominate other contacts for the purposes of communicating with NADA.

	<i>Primary contact</i> <i>(if as for delegate, write</i> <i>'as above')</i>	<i>Other contact</i>	<i>Other contact</i>
<i>Name</i>			
<i>Position</i>			
<i>Office phone</i>			
<i>Mobile phone</i>			
<i>Email</i>			
<i>NADA communication</i>  <i>(indicate to receive specific communication)</i>	<input type="checkbox"/> Formal communication  <input type="checkbox"/> NADA Advocate (bi-monthly digital newsletter)  <input type="checkbox"/> Member Email Update (fortnightly news bulletin)	<input type="checkbox"/> NADA Advocate (bi-monthly digital newsletter)  <input type="checkbox"/> Member Email Update (fortnightly news bulletin)	<input type="checkbox"/> NADA Advocate (bi-monthly digital newsletter)  <input type="checkbox"/> Member Email Update (fortnightly news bulletin)

## Service Profile

In order to better understand our membership and provide targeted services, please complete the following details.

What is the core business of your program/organisation (the NADA member)? (tick more than one if applicable)

*Health promotion:*

- D & A specific community development   
  Peer education programs   
  School based D&A programs

*Drug and alcohol treatment*

- Pharmacotherapies   
  Detoxification program   
  Residential rehabilitation  
 Therapeutic community   
  Client case management   
  Non residential treatment

*Other*

- Family support   
  Living skills programs   
  Needle syringe program  
 Research   
  Policy   
  Workplace drug and alcohol  
 Other – *specify* \_\_\_\_\_

Does your program/organisation target and provides services for a specific population group? (tick more than one if applicable)

- Men   
  Women   
  Young people  
 Parents with children   
  Families   
  Indigenous Australians  
 Culturally and linguistically diverse communities   
  Injecting drug users  
 People with both mental health and D&A problems   
  Homeless people  
 people connected to/from the criminal justice system

- Other – *specify* \_\_\_\_\_

### Sources of funding

- |   |  |
|---|--|
| <input type="checkbox"/> NSW Health Mental Health & Drug and Alcohol Office | <input type="checkbox"/> NSW Department of Community Services – SAAP |
| <input type="checkbox"/> Commonwealth DoHA - NGO Treatment Grant            | <input type="checkbox"/> Commonwealth DoHA - OATSIH                  |
| <input type="checkbox"/> Commonwealth DoHA - Improved Services Grant        | <input type="checkbox"/> Other                                       |

How many staff does your program/organisation employ (FTE's)?

- Less than 5                                       6 to 30                                       over 31

Is your program/organisation engaged in a formal quality improvement/accreditation program?

- Yes – with Australian Council on Healthcare Standards       Yes – with Quality Management Services  
 Yes – with another provider – *specify* \_\_\_\_\_  
 No

Has your program/organisation previously received formal accreditation?

- No                                       Yes – year

### Membership endorsement

All applications for NADA membership must be endorsed by two current NADA members. A list of NADA members can be found at [www.nada.org.au](http://www.nada.org.au).

	<i>Endorsement 1</i>	<i>Endorsement 2</i>
<i>NADA member</i>		
<i>Contact person</i>		
<i>Position</i>		
<i>Signed</i>		
<i>Dated</i>		

### Authorisation for NADA membership

<i>Name</i>	
<i>Position</i>	
<input type="checkbox"/> This applying program/organisation agrees to NADA membership rights and responsibilities as detailed in the NADA Constitution	
<input type="checkbox"/> This applying program/organisation has provided evidence of NADA membership eligibility	
<input type="checkbox"/> This applying program/organisation agrees to NADA posting member details on the NADA website, not including street location, funding or individual contact details.	
<i>Signed and dated</i>	