

Membership application form

About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector (AOD) in NSW. Our vision is a connected and sustainable sector, providing quality evidence based programs to reduce alcohol and drug related harms to NSW communities.

We provide a range of programs and services that focus on sector and workforce development, information management, governance and management support, sector representation and advocacy, as well as actively contributing to public health policy.

NADA values

- **Members:** Our work is underpinned by members' views, experiences and challenges.
- **Consumers:** We strengthen members' capabilities to engage and work with consumers.
- **Responsiveness:** As a peak body, we are driven by our members and are responsive to their needs.
- **Innovation:** We support evidence based practice, and research for the translation of evidence into practice.
- **Diversity:** The programs and services we offer reflect our recognition of diversity within the sector.
- **Partnerships:** We promote relationships between key stakeholders within and across sectors.
- **Integrity:** We operate with transparency and fairness, maintaining an independent voice on behalf of the sector.

Benefits of membership

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

Stay informed

- Member eUpdate—*email news bulletin*
- Advocate—*quarterly digital magazine*
- Website focused on communication with members
- Regular forums to share information with members, stakeholders and other industry bodies

Sector, organisation and workforce development

- Workforce, service and organisational development grants
- Projects and resources to build quality organisations and provide quality services
- Brokerage of training and development opportunities
- Organisation planning support

Information technology

- Access to NADAbase, and support for client treatment and outcomes data

Policy and advocacy

- Promotion of members' views and needs through policy submissions and program development
- Sector representation at government, policy and industry forums

Member contribution

- Governed by members
- Voting rights at board elections and annual general meetings (AGM) for appointed delegate
- Contribute to policy submissions and project development
- Advisory group participation
- Inform NADA's advocacy and programs

Networking

- Conferences
- Regular forums and events
- Support for partnership development

Membership

Membership eligibility

An organisation is qualified to be a member of NADA if the organisation

- agrees with the objects of NADA (detailed in the [NADA Constitution](#))
- is a not for profit, non government organisation
- is a body formed or incorporated within the state of New South Wales or the Australian Capital Territory, and
- has as its primary mission or purpose, or other mission or purpose, to reduce the alcohol and drug related harm to individuals, families and the community.

Membership categories

Member

The organisation's primary mission or purpose is to reduce alcohol and drug related harm to individuals, families and the community.

Associate member

The organisation's primary mission or purpose is other than to reduce alcohol and drug related harm to individuals, families and the community, but whose broader mission or purpose includes this.

As a member

You can expect NADA 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.

You are expected to

- contribute to non government alcohol and other drugs sector representation and development where possible
- respect the diversity and range of views across the non government alcohol and other drugs sector
- appoint a delegate to represent and vote at the NADA AGM
- pay membership fees when due, and
- use NADAbase for MDS/COMS client data collection as per the NADAbase user agreement (if appropriate).

Membership fees

Membership fees are calculated on your service/organisation's AOD annual gross turnover. If you are applying for an associate membership, we require your service/organisation's annual gross turnover that is specific to AOD. 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 \$250,000 or unfunded

\$200

\$250,000 to \$500,000

\$420

\$500,000 to \$1,000,000

\$700

\$1M to \$3M

\$900

Over \$3M

\$1100

N/MDS data management

NADA provides data collection, reporting and support to all NADA member organisations as part of their membership through NADAbase. NADA also reports client data on behalf of member organisations that are State and/or Commonwealth funded against an assigned NMDS and/or NSW MDS code as part of the membership fees.

Return by post

NADA Membership
PO Box 1266 Potts Point NSW 1335

Return by email to admin@nada.org.au.

For more information about membership, phone 02 9698 8669 or email admin@nada.org.au.

Service and organisation details

Please PRINT information in blue or black pen.

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

Membership fees

Membership fees are calculated on your service/organisation's AOD annual gross turnover. If you are applying for an associate Membership, we require your service/organisation's annual gross turnover that is specific to AOD.

AOD annual gross turnover <small>Check one only</small>		
<input type="checkbox"/> Under \$250,000 or unfunded	<input type="checkbox"/> \$250,000 to \$500,000	<input type="checkbox"/> Over \$500,000 to \$1M
<input type="checkbox"/> \$1M to \$3M	<input type="checkbox"/> Over \$3M	

Delegate details

Members and associate members are entitled to appoint one delegate per incorporated entity to represent it and vote at meetings of the association. An alternate delegate may be nominated to represent it and vote at meetings of the association.

Nominate a delegate to represent your organisation and vote at the AGM. The 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
Position	
Direct phone	
Service phone	
Mobile number	
Email	
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Formal communication <input type="checkbox"/> Advocate-quarterly digital magazine <input type="checkbox"/> Member eUpdate-email news bulletin

Other contact details

Nominate other contacts for the purposes of communicating with NADA.

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

Name	
Position	
Direct phone	
Service phone	
Mobile number	
Email	
I wish to receive Check all that apply	<input type="checkbox"/> Formal communication <input type="checkbox"/> Advocate—quarterly digital magazine <input type="checkbox"/> Member eUpdate—email news bulletin

Secondary contact

Name	
Position	
Direct phone	
Mobile number	
Email	
I wish to receive Check all that apply	<input type="checkbox"/> Advocate—quarterly digital magazine <input type="checkbox"/> Member eUpdate—email news bulletin

Administration contact

Name	
Position	
Direct phone	
Mobile number	
Email	
I wish to receive Check all that apply	<input type="checkbox"/> Advocate—quarterly digital magazine <input type="checkbox"/> Member eUpdate—email news bulletin

Service profile

Please complete the following details so NADA can provide targeted services for our members. If you are applying for an associate membership please ensure the details given are AOD specific to your service/organisation.

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"/> Maintenance pharmacotherapy (non-opioid) | <input type="checkbox"/> Consultation activities |
| <input type="checkbox"/> Support and case management | <input type="checkbox"/> Involuntary treatment |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Information and education |

Harm reduction and other 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 |

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 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 AOD |
| <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 provide details

Source of funding Check all that apply

State	Commonwealth	Other
<input type="checkbox"/> NSW Health <input type="checkbox"/> Local Health District <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Criminal Justice	<input type="checkbox"/> DoH NGOTGP <input type="checkbox"/> DoH SMSDGF <input type="checkbox"/> DP&MC IAS <input type="checkbox"/> Dept of Social Services <input type="checkbox"/> Primary Health Network	<input type="checkbox"/> Client contribution <input type="checkbox"/> Private/Philanthropic
		Other Please provide details

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 |
|-------------------------------------|----------------------------------|----------------------------------|

Other service description Optional

Is there a better way to describe your service?

Please provide details

Quality improvement

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

No Yes, with QIP Yes, with ACHS **Yes, with another provider** Please provide details

If you ticked 'yes' above, have you gained accreditation? Check one only

No Yes

If you ticked 'yes' above, please provide your accreditation details

Year accredited YYYY

QI standard Please provide details e.g. ASES, ACHS or other

Membership endorsement

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

	Endorsement one	Endorsement two
Organisation name		
Contact name		
Position		
Signature		
Date DD/MM/YYYY		

Authorisation

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

Name	
Position	
Signature	
Date DD/MM/YYYY	

- This service/organisation agrees to abide by the NADA membership rights and responsibilities as detailed in the NADA Constitution.
- This service/organisation has provided a copy of the certificate of registration for a not for profit, non government organisation.
- This service/organisation agrees to NADA posting member details on the NADA website. This is limited to organisation name, suburb, telephone and website. We do not include street location, funding or individual contact details.

For office use only

Approval process

Receipt of applications sent to applicant Check one only

Date DD/MM/YYYY

Format Letter

Email

NADA Board approval Check one only

Date DD/MM/YYYY

Approved Yes

No

Membership type Member

Associate member

Member fee invoice sent

Date DD/MM/YYYY

NADAbase

Support Check one only

NADA has initiated support for data management

Yes, on date DD/MM/YYYY

No

NADAbase logins have been issued

Yes, on date DD/MM/YYYY

No

Logins

Name	Type here	Email	Type here
Name	Type here	Email	Type here
Name	Type here	Email	Type here
Name	Type here	Email	Type here

Online tutorial and support Check one only

Access to NADAbase online training and support is provided on completion of a written agreement with NADA and names and email details are provided.

Has ongoing support been approved?

Yes No

Written NADAbase user agreement completed

Yes No

Has ongoing support been requested?

Yes No

If you ticked 'yes' above, make a note of support

Type here