

ORGANISATION MEMBERSHIP APPLICATION FORM

Victorian Alcohol & Drug Association Membership



As a peak organisation, VAADA's purpose is to ensure that the issues for people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

WHAT YOUR MEMBERSHIP PROVIDES

REPRESENTATION AND PARTICIPATION

- Input into VAADA policy development and position papers
- Representation on key decision-making bodies and forums including Workforce, Sector development and the VAADA/Department of Health Sector Program and Services Committee
- Effective advocacy to government, politicians and senior policy makers
- Submissions to government and key decision making bodies
- Participation in VAADA Sector Development Networks
- Participation in the VAADA CEO/Managers Forum

EVENTS

- Conferences and forums (member discount)
- Invitations to member and sector forums

COMMUNICATIONS & INFORMATION

- Media monitoring, liaison and promotion
- Media releases and interviews on key matters
- Regular newsletters
- Email information/discussion list
- Web based information
- Reports on media and Parliamentary debates

SUPPORT VAADA

VAADA gives a voice to those experiencing harm because of alcohol and drug use, and to the organisations that support them.

OUR VISION

A Victorian community in which the harms associated with drug use are reduced and well being is promoted.

VAADA OBJECTIVES

To represent the membership by providing leadership, advocacy, and information to the broader community in relation to alcohol and other drugs.

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GUIDING PRINCIPLES

1. VAADA works within a harm minimisation and evidence informed framework
2. We will undertake our work with compassion and integrity, respect and inclusion and supportive of diversity and cultural inclusion
3. We will promote stability, integration and coherence across the AOD Sector
4. We are committed to working in collaboration with all key stakeholders to achieve the best possible outcomes for individuals, families and communities.

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To represent the membership by providing leadership, advocacy, and information to the broader community in relation to alcohol and other drugs.

MEMBERSHIP PROCESS

- Your application goes before the VAADA Board to be approved at its bi-monthly meeting
- Once approved a tax invoice will be issued for your membership fee and a Member Kit will be sent to you
- Pro Rata membership fees are applied for new members that join from August onwards in any given year
- The Pro Rata membership is reduced according to the number of full months remaining in the membership year
- Membership is renewable on an annual basis (July 1)

Your membership fee supports VAADA's work.

Organisation/Program Income*	Membership fee (inc GST)	GST Amount Paid	Please tick
Less than \$1 million	\$250.00	\$22.72	<input type="checkbox"/>
\$1 – 3 million	\$500.00	\$45.45	<input type="checkbox"/>
\$3 – 5 million	\$1,000.00	\$90.90	<input type="checkbox"/>
\$5 – 10 million	\$1,200.00	\$109.00	<input type="checkbox"/>
Over \$10 million	\$1,500.00	\$136.36	<input type="checkbox"/>

*Organisation/Program income refers to all money your Organisation receives for drug and alcohol program activity, including federal, state, philanthropic or private income.

ABOUT YOUR ORGANISATION

Please provide a brief description of your organisation

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Please list any professional memberships you may have

Do you receive funding from the following (please tick all that apply):

State Commonwealth Other(source) _____

List any accreditation standards that apply and date of your most recent accreditation:

Please list the qualifications and professional memberships of senior staff: _____

What is your business name? _____

Please list your ABN _____

Are you registered with the Australian Charities and Not-for-profits Commission (ACNC)? _____

The Organisation contact name as per below, will be the organisational nominee who holds voting rights on behalf of the organisation.

CONTACT DETAILS	
Name:	Position:
Organisation:	
Address:	
City:	Postcode:
Email:	
Phone:	Fax:

Please sign below, indicating your agreement with VAADA's vision, purpose, guiding principles.

Signature _____ Date _____

Upon acceptance of this application for membership an invoice will be issued for your membership subscription.