**Membership Application Form** – Organisation

Thank you for considering WANADA organisation membership. There are two categories of membership:

***Full Membership:*** available to those legally constituted non-government and government organisations, or branches of legally constituted agencies, whose prime function is the delivery of services in alcohol and other drugs and who support the purpose and objects of WANADA.

***Associate Membership:*** available to all other legally constituted non-government and government agencies and individuals who support the purpose and objects of WANADA.

Please indicate if your agency’s prime function is the delivery of services in alcohol and other drugs.

Check one only

[ ]  Yes, our prime function is the delivery of services in alcohol and other drugs

[ ]  No

# Organisation details

|  |  |
| --- | --- |
| Organisation name | Type here |
| Postal address | Type here |
| Street address | Type here |
| Phone | Type here |
| Email | Type here |
| Website | Type here |
| ABN | Type here |
| Finance Contact | Type here |
| Finance Email | Type here |

# Delegate details

Full members are entitled to appoint a delegate to represent it and vote at general meetings of WANADA. Unless otherwise informed the appointed delegate will be the organisation’s Chief Executive Officer or equivalent.

|  |  |
| --- | --- |
| Name | Type here |
| Position | Type here |
| Email | Type here |

# Service Profile

Please describe your organisation’s aims and guiding principles, including alignment with WANADA’s aim,purpose and values.

|  |
| --- |
| Type here |

Please provide information on the services offered by your organisation, including alignment with evidence-based practice applied.

|  |
| --- |
| Type here |

Do you receive Government funding for the provision of alcohol and other drug services?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

# Certification

From 29 November 2022 onwards, alcohol and other drug treatment service providers will be required to be certified against an industry recognised quality standard as per the National Quality Framework for Drug and Alcohol Treatment Services, Department of Health, 2018.

Is your organisation/alcohol and other drug service certified against a recognised accreditation standard?

Check one only

|  |  |  |
| --- | --- | --- |
| [ ]  Yes, with the Alcohol and other Drug and Human Services Standard (WANADA Standard) | [ ]  Yes, with another providerPlease provide details Type here | [ ]  No |

**Statement**

Please provide a brief statement about why you wish to become a member of WANADA

|  |
| --- |
| Type here |

**Membership fees**

Full membership fees are calculated based on your organisation’s annual gross income.

If you are applying for an associate membership, we offer an incentivised rate to those agencies who hold a membership with another Western Australia peak body. This excludes for-profit and government organisations. Please note this below.

Please indicate which membership category you wish to apply for.

|  |  |
| --- | --- |
| **Full Membership** – annual gross income Check one only | **Fees per annum (GST inclusive)** |
| [ ]  Under $250,000 | $330 |
| [ ]  $250,000 to $1,000,000 | $550 |
| [ ]  Over $1,000,000 | $880 |
| **Associate Membership** |
| [ ]  Organisation | $330 |
| [ ]  Organisation - incentivised | $275 |
|  I/We hold a membership with: Type here |

|  |  |
| --- | --- |
| **Additional service subscription** – Full members only Please indicate if you have additional sites other than your main office. | **Additional fee per annum (GST inclusive)** |
| [ ]  Yes. Number of additional sites: please select  | $220 per site |
| [ ]  No | - |

# Authorisation: for WANADA membership application approved by your organisation’s executive.

# Applications for membership are submitted on a monthly basis to the WANADA board for approval. A tax invoice for membership fees will be issues on receipt and acceptance of your application.

|  |  |
| --- | --- |
| Name | Type here |
| Position | Type here |
| Signature |  |
| Date | Type here |

# Supporting Documentation –

## In order to assess your application, we will require your organisation’s:

 [ ]  Constitution or rules

Please note, if your constitution or rules are published to a website, please provide the URL address link here instead of attaching the document.

## Website/URL

|  |
| --- |
| Type here |

|  |  |
| --- | --- |
| **Return by post**WANADA MembershipPO Box 8048, Perth WA 6849 | **Return by email** to drugpeak@wanada.org.au **For more information** about membership, please phone 08 6557 9400 or email drugpeak@wanada.org.au |

*WANADA collects information from our Members to maintain a register of Member’s names and postal address’ in line with the requirements of the Associations Incorporation Act 2015. WANADA also uses this information to update our communications lists to use when contacting members with sector related events and information. The information provided on this application will be used as your entry in the Green Book Directory of alcohol and other drug services and mental health services in Western Australia.*