



ABORIGINAL CORPORATION DRUG & ALCOHOL NETWORK

# MEMBERSHIP FORM

**Please note that your information will be entered into ACDAN'S MEMBER REGISTER on the Office of the Registrar of Indigenous Corporations (ORIC) website. Your details will be treated as confidential and are password protected – denying access to others.**

<b>Name:</b>	
<b>I identify as:</b>	Please select: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other
<b>Primary Role:</b>	Please circle: Drug & Alcohol / Mental Health / Other _____
<b>Position Title:</b>	
<b>ACDAN Region:</b> <i>For Full Members Only</i>	Please circle one: Northern / Metropolitan / Western / Southern
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Organisation Name:</b>	
<b>Organisation Address:</b>	
<b>Manager Name:</b>	
<b>Manager Email:</b>	
<b>I wish to apply as a/an:</b>	Please select one: <input type="checkbox"/> <b>Full Member</b> <ul style="list-style-type: none"> <li>• A minimum of 18 years old</li> <li>• Aboriginal or Torres Strait Islander person. Confirmation of this must be supplied at time of application. <b><u>Confirmation must have a Common Seal of the Aboriginal Organisation or Local Aboriginal Land Council with a minimum of two Directors signatures of such organisation.</u></b></li> <li>• Primary role is working in the Drug and Alcohol sector</li> </ul>

	<ul style="list-style-type: none"> <li>• Employed in New South Wales</li> </ul> <p><input type="checkbox"/> <b>Associate Member</b></p> <ul style="list-style-type: none"> <li>• A minimum of 18 years old</li> <li>• Aboriginal or Torres Strait Islander person not working directly in the Drug and Alcohol sector but supporting Aboriginal or Torres Strait Islander peoples to address substance misuse.</li> <li>• Non-Aboriginal or Torres Strait Islander person working primarily within the Drug and Alcohol sector in specific roles.</li> <li>• A person with significant experience in working alongside Aboriginal or Torres Strait Islander peoples, to improve social justice and equity within the Drug and Alcohol sector.</li> <li>• Employed in New South Wales</li> </ul>
<b>Applicant Signature:</b>	
<b>Manager Signature:</b>	

FOR USE OF ACDAN ONLY

A member application from .....

Date received.....

Date of meeting .....

Result    ACCEPTED AS MEMBER / NOT ACCEPTED AS MEMBER

Date member entered on membership roll .....

*Signed by ACDAN Director*

Name.....

Position.....

Date.....

Signature.....