



ABORIGINAL CORPORATION DRUG & ALCOHOL NETWORK

MEMBERSHIP FORM

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

Name:	
I identify as:	Please select: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other
Primary Role:	Please circle: Drug & Alcohol / Mental Health / Other _____
ACDAN Region: <i>For Full Members Only</i>	Please circle one: Northern / Metropolitan / Western / Southern
Email Address:	
Phone Number:	
Organisation Name:	
Manager Name:	
Manager Email:	
I wish to stay as a/an:	Please select one: <input type="checkbox"/> Full Member (Criteria includes <u>Aboriginality (Aboriginal and/or Torres Strait Islander) & working in specific AOD roles</u>) Confirmation of Aboriginality must be provided with this form. <input type="checkbox"/> Associate Member (Criteria includes <u>non-Aboriginal workers working primarily within the Aboriginal AOD sector in specific roles OR Aboriginal (Aboriginal and/or Torres Strait Islander) working in other roles that may coincide with the AOD sector eg. Mental Health</u>)
Date & Signature:	