Membership application form

### About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. As a member driven peak body, NADA’s decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

#### NADA values

|  |  |
| --- | --- |
| Integrity | NADA operates with fairness and transparency to maintain an independent voice |
| Respect | NADA is respectful of the culture, views and experiences of the sector |
| Inclusion | NADA values diversity and ensures our approach is equitable and accessible |
| Collaboration | Collaboration is central to NADA’s operation |

### 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 | Policy and advocacy  * Promotion of members’ views and needs through  policy submissions and program development * Sector representation at government, policy and industry forums |
| 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 | 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 |
| Information technology  * Access to NADAbase, and support for client  treatment and outcomes data | 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](http://nada.org.au/resources/nadapublications/corporate-documents/))
* 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
* provides evidence based drug and alcohol services and has a formal QI program in place and/or is accredited under an acceptable QI provider

#### Membership categories

|  |  |
| --- | --- |
| *Member*  The organisation’s primary mission or purpose is to reduce alcohol and drug related harm to individuals, families and the community.  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. | *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. *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](mailto:admin@nada.org.au). **For more information** about membership, phone  02 9698 8669 or email [admin@nada.org.au](mailto:admin@nada.org.au). |

### Service and organisation details

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|  |  |  |  |
| --- | --- | --- | --- |
| Service name | Type here | | |
| Organisation name | Type here | | |
| Postal address | Type here | | |
| Street address | Type here | | |
| Phone | Type here | Fax | Type here |
| Website | Type here | | |
| Local health district | Choose an item. | Aboriginal community controlled Check one only | Yes  No |
| Member type Check one only | We are a specialist AOD service  We provide a range of services, that includes AOD | | |
| Service or program overview  Provide a brief summary of your drug and alcohol program and the type of support offered. |  | | |
| Why do you want to become a NADA member? |  | | |

**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 Check one only | | |
| Under $250,000 or unfunded  $1M to $3M | $250,000 to $500,000  Over $3M | Over $500,000 to $1M |

### 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 | Type here |
| Title Check one only | Mr  Mrs  Ms  Mx  Dr |
| Position | Type here |
| Direct phone | Type here |
| Service phone | Type here |
| Mobile number | Type here |
| Email | Type here |
| I wish to receive Check all that apply | Formal communication  Advocate–*quarterly digital magazine*  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 | Type here |
| Position | Type here |
| Direct phone | Type here |
| Service phone | Type here |
| Mobile number | Type here |
| Email | Type here |
| I wish to receive Check all that apply | Formal communication  Advocate–*quarterly digital magazine*  Member eUpdate–*email news bulletin* |

#### Secondary contact

|  |  |
| --- | --- |
| Name | Type here |
| Position | Type here |
| Direct phone | Type here |
| Mobile number | Type here |
| Email | Type here |
| I wish to receive Check all that apply | Advocate–*quarterly digital magazine*  Member eUpdate–*email news bulletin* |

#### Administration or Accounts contact

|  |  |
| --- | --- |
| Name | Type here |
| Position | Type here |
| Direct phone | Type here |
| Mobile number | Type here |
| Email | Type here |
| I wish to receive Check all that apply | Advocate–*quarterly digital magazine*  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

|  |  |
| --- | --- |
| Counselling  Rehabilitation activities  Maintenance pharmacotherapy (non-opioid)  Support and case management  Assessment | Withdrawal management (detoxification)  Maintenance pharmacotherapy (opioid)  Consultation activities  Involuntary treatment  Information and education |

**Harm reduction and other services** Check only the most relevant

|  |  |  |
| --- | --- | --- |
| Health promotion  Peer education   Living skills programs | Community development  Needle and syringe program  Policy | School-based programs  Family support  Research |

**Service delivery setting** Check only the most relevant

|  |  |  |
| --- | --- | --- |
| Community/Outpatient  Home | Inpatient  Correctional | Residential |

**Priority population** Check only the most relevant

|  |  |
| --- | --- |
| Men  Women  Young people  Aboriginal/Torres Strait Islander  Families  Parents with children | Injecting drug users  Homeless  People with comorbid mental health and AOD  Culturally and linguistically diverse communities  People connected to, or from the criminal justice system  Gay, lesbian, bisexual, transgender, intersex |
| **Other** Type here | |

#### Source of funding Check all that apply

|  |  |  |
| --- | --- | --- |
| State | Commonwealth | Other |
| NSW Health  Local Health District  Family and Community Services  Criminal Justice | DoH NGOTGP  DoH SMSDGF  DP&MC IAS  Dept of Social Services  Primary Health Network | Client contribution   Private/Philanthropic |
| **Other** Type here |

#### Staff numbers

|  |  |  |
| --- | --- | --- |
| Number of staff (in terms of full time equivalent positions) | | |
| 5 or fewer | 6 to 30 | Over 30 |

#### Other service description Optional

|  |
| --- |
| Is there a better way to describe your service? |
| Type here |

#### 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** Type here |

|  |  |
| --- | --- |
| 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 format | Type here |
| QI standard Please provide details e.g. ASES, ACHS or other | Type here |

### Membership endorsement

All applications for membership must be endorsed by one current NADA member delegate. A list of members can be found at [www.nada.org.au](http://www.nada.org.au), or contact NADA for recommendations.

|  |  |
| --- | --- |
|  | Endorsement one |
| Organisation name | Type here |
| Contact name | Type here |
| Position | Type here |
| Signature |  |
| Date | Click here for calendar |

### Authorisation

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

|  |  |
| --- | --- |
| Name | Type here |
| Position | Type here |
| Signature |  |
| Date | Click here for calendar |

|  |  |
| --- | --- |
|  | 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** | Click here for calendar | **Format** | Letter | Email |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NADA Board approval Check one only | | | | | |
| **Date** | Click here for calendar | | **Approved** | Yes | No |
|  | | **Membership type** | | Member | Associate member |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member fee invoice sent | | | | |
| **Date** | Click here for calendar |  |  |  |

### NADAbase

#### Support Check one only

|  |  |  |
| --- | --- | --- |
| NADA has initiated support for data management | **Yes, on** Click here for calendar | No |
| NADAbase logins have been issued | **Yes, on** Click here for calendar | 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 |