

## 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. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 80 organisational members that provide services in over 100 locations across NSW. They 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 improve the health and wellbeing of people who use, or have used, alcohol and other drugs 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

## 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

## Information technology

- Access to NADABase, and support for client treatment and outcomes data. 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.

## Policy and advocacy

- Promotion of members' views and needs through policy submissions and program development
- Sector representation at government, policy and industry forums

## Member contribution

- Governed by members
- Ordinary members have voting rights at board elections and annual general meetings (AGM) for the appointed delegate
- Contribute to policy submissions and project development
- Advisory group participation
- Inform NADA's advocacy and programs

## 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](#));
- it is a not for profit, non-government organisation registered as a charity by the Australian Charities and Not-for-profits Commission;
- is a body formed or incorporated within the state of New South Wales or the Australian Capital Territory;
- 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; and
- has been approved for Membership by the Board.

## Membership categories

### Ordinary Member

Ordinary Membership is available to organisations whose mission or purpose includes reducing alcohol and drug-related harm to individuals, families, and the community. The organisation must provide evidence-based drug and alcohol services and be accredited.

### Associate member

Associate Membership is available to organisations whose mission or purpose includes reducing alcohol and drug-related harm to individuals, families, and the community. The organisation must provide evidence-based drug and alcohol services and have a formal quality improvement program but not yet been Accredited.

## 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.

*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
- If an ordinary member, appoint a delegate to represent and vote at the NADA AGM, and
- pay membership fees when due

## Membership fees

Membership fees are calculated on your service/organisation's AOD annual gross turnover. Fees are payable per financial year, that being from 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
\$3M-\$5M	\$1100
\$5M - \$10M	\$1500
\$10	\$2000

**We recommend contacting NADA before submitting your application form to confirm eligibility requirements.**

### 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).

## Organisation details

Organisation name	Type here
Trading name (if applicable)	
Postal address	Type here
Street address	Type here
Traditional place name	
Phone	Type here
Website	Type here
Local health district	Choose an item. <div style="border: 1px solid #ccc; padding: 5px; display: inline-block;">Aboriginal community controlled Check one only</div> <input type="checkbox"/> Yes <input type="checkbox"/> No
Service type <small>Check one only</small>	<input type="checkbox"/> We are a specialist AOD service <input type="checkbox"/> We provide a range of services, that includes AOD
Service or program overview <small>Provide a brief summary of your drug and alcohol program and the type of support offered.</small>	

Why do you want to become a NADA member?

## Membership fees

Membership fees are calculated on your service/organisation's AOD annual gross turnover.

AOD annual gross turnover Check one only

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Under \$250,000 or unfunded | <input type="checkbox"/> \$250,000 to \$500,000 | <input type="checkbox"/> Over \$500,000 to \$1M |
| <input type="checkbox"/> \$1M to \$3M                | <input type="checkbox"/> \$3M to \$5m           | <input type="checkbox"/> Over \$5M to \$1M      |
| <input type="checkbox"/> \$5M to \$10M               |   |   |

## Delegate details

Ordinary members are entitled to appoint one delegate per incorporated entity to represent and vote at meetings of the association. The delegate will receive formal communication regarding significant sector events and the AGM.

If an associate member, this contact will be the primary contact for the organisation.

## Delegate and primary contact

Name	Type here
Title <small>Check one only</small>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr
Position	Type here
Direct phone	Type here
Mobile number	Type here
Email	Type here
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Formal communication <input type="checkbox"/> Advocate—quarterly digital magazine <input type="checkbox"/> Member eUpdate—email news bulletin

## Other contact details

Nominate other contacts for the purposes of communicating with NADA.

### Secondary contact

Name	Type here
Title <small>Check one only</small>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr
Position	Type here
Direct phone	Type here
Mobile number	Type here
Email	Type here
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Formal communication <input type="checkbox"/> Advocate—quarterly digital magazine <input type="checkbox"/> Member eUpdate—email news bulletin <input type="checkbox"/> Frontline eUpdate—email news bulletin

### Administration or accounts contact

Name	Type here
Title <small>Check one only</small>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr
Position	Type here
Direct phone	Type here
Mobile number	Type here
Email	Type here
I wish to receive <small>Check all that apply</small>	<input type="checkbox"/> Advocate—quarterly digital magazine <input type="checkbox"/> Member eUpdate—email news bulletin <input type="checkbox"/> Frontline eUpdate—email news bulletin

Additional contacts can be provided once your membership has been approved.

## Quality improvement

In order to qualify for ordinary membership, your organisation must provide evidence-based drug and alcohol services and be accredited. For an associate membership, your organisation must provide evidence-based drug and alcohol services and have a formal quality improvement program but not yet been Accredited.

### 1. Is your service or organisation currently accredited? Check one only

- No (go to Q2)  Yes (go to Q3)

### 2. Does your organisation have a formal quality improvement program but is not yet accredited?

- No  Yes. Please attach supporting documents of your organisation's evidence-based practices and how your organisation assess quality.

### 3. Please provide your accreditation details and provide supporting documentation

Year accredited start YYYY format  Year accredited end YYYY format

QI standard

Accreditation Provider  QIP  
 ACHS  
 Other:

## Service profile

Please complete the following details so NADA can provide targeted services for our members.

### Number of AOD specific programs or services within your organisation

Number

### What is the core business of your service? Check only the most relevant

- |   |   |
|---|---|
| <input type="checkbox"/> Counselling                              | <input type="checkbox"/> Withdrawal management (detoxification) |
| <input type="checkbox"/> Rehabilitation activities                | <input type="checkbox"/> Maintenance pharmacotherapy (opioid)   |
| <input type="checkbox"/> Maintenance pharmacotherapy (non-opioid) | <input type="checkbox"/> Consultation activities                |
| <input type="checkbox"/> Support and case management              | <input type="checkbox"/> Involuntary treatment                  |
| <input type="checkbox"/> Assessment                               | <input type="checkbox"/> Information and education              |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Health promotion            | <input type="checkbox"/> Community development      | <input type="checkbox"/> School-based programs |
| <input type="checkbox"/> Peer education              | <input type="checkbox"/> Needle and syringe program | <input type="checkbox"/> Family support        |
| <input type="checkbox"/> Living skills programs      | <input type="checkbox"/> Policy                     | <input type="checkbox"/> Research              |
| <input type="checkbox"/> Continuing care / aftercare |   |  |

### Service delivery setting Check only the most relevant

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Community/Outpatient | <input type="checkbox"/> Inpatient    | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Home                 | <input type="checkbox"/> Correctional |                                      |

**Priority population** Check only the most relevant for which your service is funded.

- |  |   |
|--|---|
| <input type="checkbox"/> Men                               | <input type="checkbox"/> Injecting drug users                                     |
| <input type="checkbox"/> Women                             | <input type="checkbox"/> Homeless   |
| <input type="checkbox"/> Young people                      | <input type="checkbox"/> People with comorbid mental health and AOD               |
| <input type="checkbox"/> Aboriginal/Torres Strait Islander | <input type="checkbox"/> Culturally and linguistically diverse communities        |
| <input type="checkbox"/> Families                          | <input type="checkbox"/> People connected to, or from the criminal justice system |
| <input type="checkbox"/> Parents with children             | <input type="checkbox"/> Gay, lesbian, bisexual, transgender, intersex            |

**Other** Type here

**Source of funding** Check all that apply

State	Commonwealth	Other
<input type="checkbox"/> NSW Health <input type="checkbox"/> Local Health District <input type="checkbox"/> Dept of Communities and Justice	<input type="checkbox"/> Dept of Health <input type="checkbox"/> National Indigenous Australians Agency <input type="checkbox"/> Dept of Social Services <input type="checkbox"/> Primary Health Network	<input type="checkbox"/> Client contribution <input type="checkbox"/> Private/Philanthropic
		<b>Other</b> Type here

**PHN funding** (complete if ticked above)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Central and Eastern Sydney | <input type="checkbox"/> Nepean Blue Mountains | <input type="checkbox"/> Hunter New England and Central Coast |
| <input type="checkbox"/> Northern Sydney            | <input type="checkbox"/> South Western Sydney  | <input type="checkbox"/> North Coast                          |
| <input type="checkbox"/> Western Sydney             | <input type="checkbox"/> South Eastern Sydney  | <input type="checkbox"/> Murrumbidgee                         |
|   | <input type="checkbox"/> Western NSW           |   |

**Staff numbers**

Number of staff (in terms of full-time equivalent positions)

- |                                     |                                  |                                  |
|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 5 or fewer | <input type="checkbox"/> 6 to 30 | <input type="checkbox"/> Over 30 |
|-------------------------------------|----------------------------------|----------------------------------|

**Other service description** Optional

Is there a better way to describe your service?

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.

Organisation name	Type here
Contact name	Type here
Position	Type here
Signature	
Date	Click here for calendar

## Authorisation

### Agreed terms and conditions:

- 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 has provided a copy of the accreditation status, if applying for an ordinary membership
- 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.

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

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