Membership application form

### About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector in NSW. Our vision is a connected and sustainable sector providing quality evidence-based programs to reduce alcohol and drug related harms to NSW communities.

NADA’s goal is to lead as a member driven peak body, building sustainable non-government alcohol and other drug organisations to reduce alcohol and drug related harms to individuals, families and communities in NSW.

We represent 80 organisational members that provide services in over 100 locations across NSW that provide a broad range of services, including health promotion and harm reduction, early intervention, treatment, and after-care programs. Our members comprise of services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery. NADA provides a range of programs and services that focus on sector and workforce development, information management, governance and management support, sector representation and advocacy, as well as actively contributing to public health policy.

#### NADA values

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| **Inclusion** | NADA values diversity, and we promote equitable and accessible approaches. |
| **Integrity** | NADA values respect, fairness, and transparency, whilst maintaining an independent voice. |
| **Innovation** | NADA values innovation and we strive to take courageous action to continuously improve policy and practice, encourage curiosity, and generate solutions. |

### 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.

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| 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 qualityorganisations 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
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### 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/));
* 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.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*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.*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
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#### 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 MembershipPO Box 1266 Potts Point NSW 1335 | **Return by email** to admin@nada.org.au.**For more information** about membership, phone 02 9698 8669 or email admin@nada.org.au.  |

### Organisation details

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|  |  |
| --- | --- |
| 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  |
| Registrations | [ ]  Australian Security & Investment Commission[ ]  Australian Charities and Not-for-profits Commission |
| Local health district | Choose an item. | Aboriginal community controlled Check one only | [ ]  Yes [ ]  No |
| Service typeCheck one only | [ ]  We are a specialist AOD service[ ]  We provide a range of services, that includes AOD |
| Service or program overviewProvide 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.

|  |
| --- |
| AOD annual gross turnover Check one only |
| [ ]  Under $250,000 or unfunded[ ]  $1M to $3M [ ]  $5M to $10M  | [ ]  $250,000 to $500,000[ ]  $3M to $5m | [ ]  Over $500,000 to $1M[ ]  Over $5M to $1M |

### 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 Check one only | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Mx [ ]  Dr |
| Position | Type here  |
| Direct phone | Type here  |
| Mobile number | Type here  |
| Email | Type here  |
| I wish to receiveCheck 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.

#### Secondary contact

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

#### Administration or accounts contact

|  |  |
| --- | --- |
| Name | Type here  |
| Title Check one only | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Mx [ ]  Dr |
| Position | Type here |
| Direct phone | Type here |
| Mobile number | Type here |
| Email | Type here |
| I wish to receiveCheck all that apply | [ ]  Advocate–*quarterly digital magazine*[ ]  Member eUpdate–*email news bulletin*[ ]  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) |

|  |
| --- |
| 1. **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. |

|  |
| --- |
| 1. **Please provide your accreditation details and provide supporting documentation**
 |
| Year accredited start YYYY format | Type here  | Year accredited end YYYY format | Type here |
| QI standard | Choose an item.  |
| Accreditation Provider | [ ]  QIP[ ]  ACHS[ ]  Other: Type here |

####

#### 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 | Type here  |

**What is the core business of your service?** Check only one.

|  |  |
| --- | --- |
| [ ]  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 |

**Other services provided?** Check applicable items.

|  |  |
| --- | --- |
| [ ]  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[ ]  Continuing care / aftercare | [ ]  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 for which your service is funded.

|  |  |
| --- | --- |
| [ ]  Non-specialist service[ ]  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[ ]  Dept of Communities and Justice  | [ ]  Dept of Health[ ]  National Indigenous Australians Agency[ ]  Dept of Social Services [ ]  Primary Health Network  | [ ]  Client contribution [ ]  Private/Philanthropic  |
| **Other** Type here |

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

|  |  |  |
| --- | --- | --- |
| [ ]  Central and Eastern Sydney[ ]  Northern Sydney[ ]  Western Sydney  | [ ]  Nepean Blue Mountains[ ]  South Western Sydney[ ]  South Eastern NSW[ ]  Western NSW | [ ]  Hunter New England and Central Coast[ ]  North Coast[ ]  Murrumbidgee |

#### 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 |

### 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 (all must be ticked):**

|  |  |
| --- | --- |
| [ ]   | 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 |