

Membership
only
\$5 for 1 Year

Membership AGREEMENT

of
C.O.A.D.E. Inc. (T/as Dalgarno Institute)

Dalgarno
INSTITUTE



This AGREEMENT of Membership is made between the Coalition on Alcohol and Drug Education Incorporated and the undersigned member/s.

I. Formation

The undersigned hereby form a General membership in, and in accordance with the laws of, the State of Victoria.

II. Name

The name of the membership shall be Coalition on Alcohol and Drug Education Inc.

III. Term

The membership shall begin **date of initial payment** of membership, with anniversary date (for uniformity and administration purposes) being from 1st July and shall continue until 30th June and thereafter from year to year unless terminated.

IV. Purpose

Beyond compliance with legislation on incorporated bodies, the purpose of our membership is to enlist the support of proactive citizens in the cause of Alcohol and Other Drug Harm Prevention and Community Health and Wellbeing. It is to enable interested parties to lend weight and support to our vision and enable them to participate in our mission.

V. Contributions

The members will each pay a fee of \$5 for a period of 12 months, while any other additional contributions/donations may be made at any time.

VI. Valuation of the Membership

The Board may refuse any application for membership without assigning any reason therefore, provided that an applicant who is refused membership shall have a right of appeal to the Annual conference/General Meeting. The Board shall also reserves the right to terminate the membership of any given person.

Name: _____

Address: _____

Email Address: _____ Phone: _____

Membership Only **Fee \$5-00** (tick for membership and include \$5 in enclosed envelope)

Donation \$ _____ : Bank _____ BSB _____ : _____ Account _____

Credit Card: Visa MasterCard Expiry Date ____/____

Name on Card _____ Card No: _____

Options: Once only Monthly Quarterly Annually (please tick one)

My enclosed Cheque is crossed '**Not Negotiable**' and made payable to **C.O.A.D.E. Inc.**

All donations \$2 and over are Tax deductible

Signature: _____ Date: _____