



Coalition of Alcohol and Drug Educators

**Dalgarno**  
INSTITUTE

# Coalition On Alcohol & Drug Education Incorporated

(Trading as *The Dalgarno Institute*)

## Membership AGREEMENT

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 2020 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	<input type="text"/>		
Address	<input type="text"/>		
Email	<input type="text"/>	Phone	<input type="text"/>
Membership Only	<input type="checkbox"/>	Fee \$5.00	(Tick for membership and include \$5 in enclosed envelope)
Donation amount	\$ <input type="text"/>	<input type="checkbox"/> Once off	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Bank	<input type="text"/>	BSB	<input type="text"/> Account No. <input type="text"/>
Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Card	<input type="text"/>	Expiry	<input type="text"/> / <input type="text"/> CVV <input type="text"/>
Signature	<input type="text"/>		Date <input type="text"/>

**All donations \$2 and over are tax deductible.**

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