



**APPLICATION FOR MEMBERSHIP OF
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION INC**

(name of applicant/organisation)

(hereinafter referred to as **Applicant**), of

(address)

desires to become an Affiliate of the Australasian Therapeutic Communities Association Inc (**Association**)

In the event of admission of the Applicant as a member of the Association, he/she/the organisation agrees to be bound by the Constitution of the Association for the time being in force.

_____ Date _____
signature

I _____, a member of the Association,
(name)

nominate the applicant, for membership of the Association.

_____ Date _____
Signature of Proposer

I, _____ a member of the Association, second
(name)

the nomination of the applicant, for membership of the Association.

_____ Date _____
Signature of Seconder

Application Fees:

- Affiliate \$55 (incl GST)
- Cheques should be made payable to the Australasian Therapeutic Communities Association and sent to; Executive Officer, ATCA, PO Box 464, Yass, NSW 2582, Australia.

Direct Deposits can be made to:

ATCA Operational Account BSB: 032 005 Account Number: 768242