



APPLICATION FOR MEMBERSHIP INDIVIDUAL DETAILS

Name of Individual: _____

Address: _____

Work Address: _____

Phone Number: _____ email: _____

Type of employment: Full time Part time Volunteer Student

Occupation: _____

Employer: _____

Present position: _____

For current students only:

Degree enrolled: _____

Institution: _____

Expected year of completion of study: _____

Main interests in Alcohol and other Drugs field: _____

Specific interest in Therapeutic Communities: _____

What is your main interest in wishing to join the ATCA?: _____

Please enclose the following information:

- Curriculum Vitae
- Affiliate Membership Application signed by Nominator and Seconder
- Any information relevant to your interest in therapeutic communities, including research studies

Application Fees:

- Affiliate \$55 (incl GST)
- NB. Yearly membership as an Affiliate is \$110 (incl GST)

Cheques should be made payable to the Australasian Therapeutic Communities Association and sent to;

Executive Officer
Australasian Therapeutic Communities Association
PO Box 464
YASS, NSW 2582, Australia

Direct Deposits can be made to:

ATCA Operational Account
BSB: 032 005 Account Number: 768242