



Alcohol and Other Drug Consumer & Community Coalition Membership Application

The Alcohol and Other Drug Consumer & Community Coalition, or 'AOD triple C', was incorporated on the 28th July 2018 in response to overwhelming support for an alcohol and other drug specific consumer body or peak. The purpose of our association is to promote the interests, education and welfare of those affected by alcohol and other drug use. Our definition of consumer includes current, past and potential users, family members, significant others and supporters, and the inclusion of the word 'community' in our title seeks to strengthen the understanding that alcohol and other drug related harm does not occur in isolation.

To become a member (full voting rights) you are required agree to our purpose stated above, be over 18 and provide a name and point of contact such as an email address. If you are between 15 to 18 years of age or would like to participate as a representative from an organisation you can apply for an associate membership which allows you to contribute but does not allow you voting rights. This is to ensure the group upholds consumer leadership and focus.

We invite you to become a part of something unique and important, there is no fee for membership. All applications will be processed by the committee as soon as practicable and applicants notified in due course.

**All personal information is confidential and stored securely. No personal identifying information will be given to a second party at any time. Requests for demographic information of our membership allows us to display we are meeting the needs of a diverse group of people and ensure their voices can be heard, while informing us on how to cater to and explore further opportunities for our members.*

1. Do you agree to the purpose of our association?

"To promote the interests, education and welfare of those affected by alcohol and other drug use."

- Yes
- No (you cannot become a member)

2. Are you applying for full membership or associate membership?

- Full membership - I am 18 years of age or over
- Associate membership - I am 15 to 18 years of age (under 15 is ineligible)
- Associate membership - I wish to participate as a representative from an organisation (please specify) _____

Organisation Name: _____

Contact Details: _____

3. Personal details*

Name: _____

Address: _____

Town/City: _____

State/Province: _____

Post Code: _____

Email: _____

Phone Number: _____

Male

Female

Other

Preferred Pronoun: _____

Age

Under 18

18-24

25-34

35-44

45-54

55-64

65-74

Over 75 years

4. Are you Aboriginal or Torres Strait Islander?

Yes No

5. Are you from a Culturally and Linguistically diverse background?

Yes No

6. Do you identify as a member of the LGBTIQ+ Community?

Yes No

7: What drew you to the AODCCC?

Personal experience of using Drugs/and or Alcohol

Family Member or Support of someone using Drugs incl Alcohol (Past or Present)

Both

Other, please specify: _____

8: What would you like to gain from the AODCCC?

- Advocacy, Consultation
- Consumer Representation or Participation Opportunities
- Training
- Information about the AOD Sector
- Support the cause in empowering the voices of consumers, families and community impacted by drugs and or alcohol
- Other, please specify _____

9: What do you believe you can bring to the AODCCC to support our cause?

10: How did you find out about the AODCCC?

Thank you for expressing your interest in being a part of our association. We look forward to confirming your membership. Any further enquiries can be directed to interim committee members via email to info@aodccc.org

Please forward your completed application to info@aodccc.org
or via post at GPO Box C134, Perth WA 6839