

## **Alcohol and Other Drug Consumer and Community Coalition Membership Application**

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) is the Peak Body for alcohol and other drug consumer and community informed systemic advocacy in Western Australia. Our aim is to empower the voices of consumers, their families and supports, ensuring the health and wellbeing of our community. **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.

Membership is free. To become a member, you are required to agree to our purpose stated above, be 16 years or over and complete the application below.

If you would like to participate as a representative from an organisation you can apply for an associate membership and only one representative per organisation is eligible. This is to ensure the group upholds consumer leadership and focus.

We invite you to become part of something unique and important!

All applications will be processed on the last Wednesday of each month by the AODCCC Management Committee and applicants are 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.**

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### **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 a Full Membership or Associate Membership?**

☐ Full Membership – I am 16 years of age or over

☐ Associate Membership – I wish to participate as a representative from an organisation.

*If you're applying for Associate Membership, please provide:*

Organisation Name: \_\_\_\_\_

Your Current Position: \_\_\_\_\_

### 3. Personal Details

**Given Names:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

**Work Email:** (*Associate Membership only*) \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Gender:**

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Transgender
- ☐ Intersex
- ☐ Other
- ☐ I'd prefer not to say

**Preferred Pronoun:** \_\_\_\_\_

**Age:**

- ☐ 16 - 19
- ☐ 20 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+

**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?**

- ☐ I have a personal experience of using drugs and/or alcohol
- ☐ I am a family member or support of someone using drugs and/or 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
- ☐ All the above
- ☐ Other, please specify: \_\_\_\_\_

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

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**10. How did you find out about the AODCCC?**

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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 Alex Arpino- Executive Manager, via email to [info@aodccc.org](mailto:info@aodccc.org)

**Please forward your completed application via email: [info@aodccc.org](mailto:info@aodccc.org)  
or via post: Claisebrook Lotteries House, 33 Moore St, East Perth WA 6004**

**Alcohol and Other Drug Consumer & Community Coalition**

**Email:** [info@aodccc.org](mailto:info@aodccc.org) | **Web:** [aodccc.org](http://aodccc.org) | **Phone:** (08) 6311 8402

33 Moore St, East Perth WA 6004



AODCCC acknowledges that we are on Nyoongar country and extends our respect to the Traditional Custodians, the Wadjuk people, their Elders past and present. We recognise the strength, resilience, and wisdom of all Aboriginal, Torres Strait Islander and First Nations cultures.