

# APSAD Membership Application Form

Please **print out** this form and send completed to:

Administration Officer  
APSAD  
PO Box 73  
Surry Hills NSW 2010  
Australia

All queries regarding applications should be addressed to the [Administration Officer](#)

All sections that are compulsory are indicated with an asterix (\*). Applications will not be processed unless all compulsory sections are completed.

## Personal Details\*

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

First name(s)\* \_\_\_\_\_

Title\*  Miss  Ms  Mr  Dr  Prof  Other

I am applying for  Individual Membership  Institutional Membership

## Contact Information\*

Use as general contact details  home  work

**Work Address\*** \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Country (if not Australia) \_\_\_\_\_

Telephone\* (w) \_\_\_\_\_ (m) \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Private Address** \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Country (if not Australia) \_\_\_\_\_

Telephone\* (w) \_\_\_\_\_ (m) \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## Current Employment\*

Type of employment  full time  part time  
(students indicate paid employment)

Occupation\* \_\_\_\_\_

Employer\* \_\_\_\_\_

Present position\* \_\_\_\_\_

### For current students only

Type of candidature  full time  part time

Degree enrolled\* \_\_\_\_\_

Institution\* \_\_\_\_\_

Expected year of completion\* \_\_\_\_\_

## Qualifications and Experience\*

Please indicate each degree/ diploma, institution and year conferred\*

1. Degree/ Diploma \_\_\_\_\_

Institution \_\_\_\_\_

Year conferred \_\_\_\_\_

2. Degree/ Diploma \_\_\_\_\_

Institution \_\_\_\_\_

Year conferred \_\_\_\_\_

3. Degree/ Diploma \_\_\_\_\_

Institution \_\_\_\_\_

Year conferred \_\_\_\_\_

Main interests in the drug and alcohol field \*

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Principle activities in the drug and alcohol field\*

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Research interests in the drug and alcohol field\*

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Other professional affiliations\*

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### Nomination\*

Applications must be supported by a current APSAD member – please contact the office if you require assistance with finding a nominator.

Nominated by\* \_\_\_\_\_

Please note that a brief Curriculum Vitae and list of publications may be requested prior to consideration of your application.

### For Institutional Membership Applications Only

Size of Service Area \_\_\_\_\_

Number of clients serviced by your institution \_\_\_\_\_

Main source of funding \_\_\_\_\_

please circle      government/ non-government

Number of staff \_\_\_\_\_ Number of professional staff \_\_\_\_\_

Are any of your staff current APSAD members? \_\_\_\_\_ How many? \_\_\_\_\_

Please tell us why you wish to apply for institutional APSAD membership\*

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