

Membership Agreement

Fairfield Community Drug Action Team (CDAT)

Name:	
Mobile No:	
Email address	
WWCC* No:	
WWCC* Expiry Date:	

* All CDAT Members are required to have current Working With Children Checks (WWCCs)
<https://www.service.nsw.gov.au/services/business-industries-and-employment/working-children>

I join the above-named Community Drug Action Team in the capacity of: *(Tick applicable option)*

A Community Member **An Agency/Government Worker** *(Complete details below)*

Agency/Workplace:	
Position:	

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Membership Agreement

I support the principles outlined in the CDAT Framework for Action and agree to uphold them in my work in the abovenamed CDAT.

In my participation in CDAT meetings and activities I agree to:

- treat other members in a respectful and non- judgemental manner
- promote openness, inclusiveness and trust, always acting honestly and in good faith
- promote full discussion, where participants agree to disagree if necessary
- explore issues and problems with a view to finding solutions
- respect our differences
- maintain confidentiality within the team
- refrain from acting in any way that would harm the reputation or wellbeing of other members
- refrain from any involvement in organisations or activities that cause the harms that the CDAT is attempting to prevent, including acceptance of funds or in-kind contributions from organisations associated with the alcohol or tobacco industries
- take care not to be drawn into taking sides on issues that favour any vested interests

I understand that the information I have provided is confidential and will not be used for any purpose other than CDAT-related activities.

I agree to my contact information being shared with other CDAT members.

Signed: _____

Date: _____

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