



It is important that Australian Childcare Alliance WA has ALL your current and accurate membership information to allow us to communicate with you effectively and be able to represent you on both State & Federal issues.

(Membership runs from July 1<sup>st</sup> to June 30<sup>th</sup>)

Please return completed form to: The Executive Officer – Rachele Tucker, Mail: PO Box 196, South Perth WA 6951, or Email: [wa@childcarealliance.org.au](mailto:wa@childcarealliance.org.au)

Membership Details:		
Renew Membership	New Membership Application	Additional Centre/s
<b>Membership Category</b>		
Ordinary Member (Private) <input type="checkbox"/>	Additional Service Member <input type="checkbox"/>	
Community Based Member <input type="checkbox"/>	Council Based Member <input type="checkbox"/>	
Management Company <input type="checkbox"/>	Other (Please state)	

Service Details – Principle Service		
<b>Service Name:</b>		
<b>Postal address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Post code:</b>
<b>Telephone:</b>	<b>Mobile:</b>	
<b>Email:</b>		
<b>Website:</b>		
<b>Licenced Capacity:</b>		

Approved Provider Details		
<b>Name/s (not business name):</b>		
<b>Postal address:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Post Code:</b>
<b>Phone:</b>	<b>Email:</b>	

Ownership Details		
<b>Registered Company Name/s:</b>		
<b>Name of Nominated Supervisor:</b>		
<b>Do you trade as:</b>		
<b>Company</b> <input type="checkbox"/>	<b>Partnership</b> <input type="checkbox"/>	<b>Sole Trader</b> <input type="checkbox"/>
<b>Trust</b> <input type="checkbox"/>	<b>Incorporated</b> <input type="checkbox"/>	<b>Unit Trust</b> <input type="checkbox"/>
<b>Other: (please specify)</b>		
<b>Are you insured with Guild?</b>	<b>YES</b>	<b>NO</b>

Membership subscription rates 1 <sup>st</sup> July 2015 - 30 <sup>th</sup> June 2016	
<b>Ordinary member:</b>	\$445.00 inc GST (inc \$50 IR Levy)
<b>Associate member:</b>	\$445.00 Inc GST (inc \$50 IR Levy)
<b>Additional centre/s:</b>	\$60.00 each Inc GST

Payment details	
ABN 62 932 331 731	
<b>Payment calculation</b>	<b>Total</b>
Principle centre \$445.00	\$445.00
Additional centre/s @ \$60.00 per centre (Total _____)	\$
<b>Total amount payable</b>	<b>\$0</b>
<b>Payment methods</b>	
<b>Electronic funds transfer (please forward a copy of your remittance form with your membership application)</b>	
Account name: Childcare Association of WA Inc	
BSB: 306-012	
Account number: 077 619 3	
REFERENCE: Your centre or company name	
Credit Card – Online <a href="https://wa.childcarealliance.org.au/membership/how-to-join/join-online">https://wa.childcarealliance.org.au/membership/how-to-join/join-online</a> or call the office 1300 062 645	

Additional Centre details (please complete all sections)					
Service Name:					
Postal address:					
Suburb:					
Telephone:		Telephone:		Telephone:	
Email:	Email:	Email:	Email:	Email:	Email:
Website:					

Additional Centre details (please complete all sections)					
Service Name:					
Postal address:					
Suburb:					
Telephone:		Telephone:		Telephone:	
Email:	Email:	Email:	Email:	Email:	Email:
Website:					

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Email:	Email:	Email:	Email:	Email:	Email:
Website:					

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Suburb:					
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Email:	Email:	Email:	Email:	Email:	Email:
Website:					