

MEMBERSHIP APPLICATION / RENEWAL FORM

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 1st to June 30th)

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

Membership Details:						
Renew Membership	New Membership	Application	Additional Centre/s			
Membership Category						
Ordinary Member (Private)	Additional Service Member					
Community Based Member \square	Council Based Member					
Management Company \square	Other (Please state)					
Service Details – Principle Service						
Service Name:						
Postal address:						
Suburb:	State		Post code:			
Telephone:	M	obile:				
Email:						
Website:						
Licenced Capacity:						
Approved Provider Details						
Name/s (not business name):						
Postal address: Suburb:	Chaha		Post Code:			
Phone:	State:		Post Code:			
Phone:	Email:					
Ownership Details						
Registered Company Name/s:						
Name of Nominated Supervisor:						
Do you trade as:						
Company □	Partnership		Sole Trader □			
Trust 🗆	Incorporated \square		Unit Trust			
Other: (please specify)	· · · · · · · · · · · · · · · · · · ·					
Are you insured with Guild?	YES		NO			
Membership subscription rates 1st July 20)15 - 30 th June 2016					
Ordinary member:			\$445.00 inc GST(inc \$50 IR Levy)			
Associate member:			\$445.00 Inc GST(inc \$50 IR Levy)			
Additional centre/s:			\$60.00 each Inc GST			
Payment details	А	BN 62 932 331 731				
Payment calculation			Total			
Principle centre \$445.00			\$445.00			
Additional centre/s @ \$60.00 per centre (Total)			\$			
Total amount payable			\$0			
Payment methods						
Electronic funds transfer (please forward	a copy of your remittance	form with your m	nembership application)			
Account name: Childcare Association of \			iemsersing application,			
BSB: 306-012						
Account number: 077 619 3						
REFERENCE: Your centre or company nan						
Credit Card – Online https://wa.childcare	alliance.org.au/members	<u>nip/how-to-join/jo</u>	or call the office 1300 062 645			

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