

MEMBERSHIP

To apply for membership please complete all fields.

Select Form Reason: Renew Membership New Membership: Add Additional Service Site

Registered Approved Provider Name

Approval Number **P** **R** -

Postal Address :

Phone :

E-Mail :

Membership Primary Contact Person

First Name :

Last Name :

Job Role :

Email :

Phone :

Membership Accounts Contact Person/Secondary Contact

First Name :

Last Name :

Job Role :

Email :

Phone :

Membership Fees : 1st Aug to 30th Jul Yearly

Fees are calculated based on the number of services held by the Approved Provider Member.

Base Membership Fee (inc 1 Service Site) : \$445 inc GST

2nd & Additional Service Sites : \$60ea. inc GST



MEMBERSHIP

To apply for membership please complete all fields.

Service Sites of Approved Provider Member

Service Site 1 - Included in Base Membership Fee (\$445 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 2 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 3 (+\$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Submit your completed form to wa@childcarealliance.org.au

Payments accepted via bank transfer otherwise visit <https://wa.childcarealliance.org.au/membership/membership-application>

Account Name: AWAWA Op Account

BSB: 325-185

Account No: 04124473



MEMBERSHIP

To apply for membership please complete all fields.

Service Sites of Approved Provider Member

Service Site 4 (+ \$60 incGST)

Service Name	:	<input type="text"/>	
Address	:	<input type="text"/>	
Phone	:	<input type="text"/>	
Email	:	<input type="text"/>	
Website	:	<input type="text"/>	
ACA Email Communications?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Service Site 5 (+ \$60 incGST)

Service Name	:	<input type="text"/>	
Address	:	<input type="text"/>	
Phone	:	<input type="text"/>	
Email	:	<input type="text"/>	
Website	:	<input type="text"/>	
ACA Email Communications?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Service Site 6 (+\$60 incGST)

Service Name	:	<input type="text"/>	
Address	:	<input type="text"/>	
Phone	:	<input type="text"/>	
Email	:	<input type="text"/>	
Website	:	<input type="text"/>	
ACA Email Communications?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Forward

Fees are calculated based on the number of services held by the Approved Provider Member.

Base Membership Fee (inc 1 Service Site) : \$445 inc GST

2nd & Additional Service Sites : \$60ea. inc GST

**TURN
OVER**

MEMBERSHIP

To apply for membership please complete all fields.

Service Sites of Approved Provider Member

Service Site 7 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 8 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 9 (+\$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Submit your completed form to wa@childcarealliance.org.au

Payments accepted via bank transfer otherwise visit <https://wa.childcarealliance.org.au/membership/membership-application>

Account Name: AWAWA Op Account

BSB: 325-185

Account No: 04124473



MEMBERSHIP

To apply for membership please complete all fields.

Service Sites of Approved Provider Member

Service Site 10 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 11 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 12 (+\$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Submit your completed form to wa@childcarealliance.org.au

Payments accepted via bank transfer otherwise visit <https://wa.childcarealliance.org.au/membership/membership-application>

Account Name: AWAWA Op Account

BSB: 325-185

Account No: 04124473

**TURN
OVER**

To apply for membership please complete all fields.

Service Sites of Approved Provider Member

Service Site 13 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 14 (+ \$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Service Site 15 (+\$60 incGST)

Service Name	:		
Address	:		
Phone	:		
Email	:	ACA Email Communications?	
Website	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Submit your completed form to wa@childcarealliance.org.au

Payments accepted via bank transfer otherwise visit <https://wa.childcarealliance.org.au/membership/membership-application>

Account Name: AWAWA Op Account

BSB: 325-185

Account No: 04124473