

Select Form Reason:

☐

Renew Membership

☐

New Membership:

☐

Add Additional Service Site

Registered Approved Provider Name

Approval Number



-










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 : 1<sup>st</sup> Aug to 30<sup>th</sup> 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

2<sup>nd</sup> & Additional Service Sites : \$60ea. inc GST



## Service Sites of Approved Provider Member

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

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

### Service Site 2 (+ \$60 incGST)

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

### Service Site 3 (+\$60 incGST)

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

Submit your completed form to [wa@childcarealliance.org.au](mailto: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



## 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"/>	ACA Email Communications?
Website	:	<input type="text"/>	<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"/>	ACA Email Communications?
Website	:	<input type="text"/>	<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"/>	ACA Email Communications?
Website	:	<input type="text"/>	<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

2<sup>nd</sup> & Additional Service Sites : \$60ea. inc GST

**TURN  
OVER**

## Service Sites of Approved Provider Member

### Service Site 7 (+ \$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?

☐ Yes ☐ No

### Service Site 8 (+ \$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?

☐ Yes ☐ No

### Service Site 9 (+\$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?

☐ Yes ☐ No

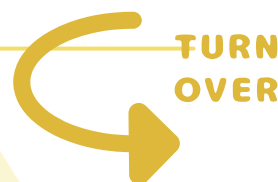
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BSB: 325-185

Account No: 04124473



## Service Sites of Approved Provider Member

### Service Site 10 (+ \$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?  
☐ Yes ☐ No

### Service Site 11 (+ \$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?  
☐ Yes ☐ No

### Service Site 12 (+\$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?  
☐ Yes ☐ No

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BSB: 325-185

Account No: 04124473



Service Sites of Approved Provider Member

Service Site 13 (+ \$60 incGST)

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

Service Site 14 (+ \$60 incGST)

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

Service Site 15 (+\$60 incGST)

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

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