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.

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

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| 1. Membership Details (Please circle) | | | |
| Renew Membership | New Membership Application | | Additional Centre/s |
|  | | | |
| 1. Membership Category (Please answer all questions) | | | |
| Category (please circle) | | Questions | Answers (please circle) |
| Ordinary Member (Private Licensee) | | Are you privately owned | Yes / No |
| Associate Member (Community Based) | | Are you licensed | Yes / No |
| Associate Member (Industry Supplier) | | Do you come under the National Quality Framework | Yes / No |
|  | | Does your centre receive CCB | Yes / No |

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| 1. Licensee’s details | | | |
| Licensee’s name/s: | | | |
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| Postal address: | | | |
| Suburb: | State: | | Post code: |
| Telephone: | | Mobile: | |
| Email: | | | |

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| 1. Business information | | |
| Company name: | | |
| ABN: | | |
| Do you trade as: (please circle) | | |
| Company | Partnership | Sole Trader |
| Trust | Incorporated | Unit Trust |
| Other: (please specify) | | |
| Website: | | |
| Are you insured with Guild? | YES | NO |

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| 1. Centre details (please complete all sections) | | | | | | | |
| Centre name: | | | | | | | |
| Contact person: | | | | Position: | | | |
| Centre email: | | | | | | | |
| Street/Postal address: | | | | | | | |
| Suburb: | | | State: | | | Post code: | |
| Licensed places: | 0-2 years: | 2-3 years: | | 3-5 years: | 5-12 years: | | Total: |
| CCMS Software: | | | | | | | |

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| 1. Membership subscription rates 1st July 2015 - 30th June 2016 | |
| Ordinary member: | $360.00 inc GST |
| Associate member: | $360.00 Inc GST |
| Additional centre/s: | $65.00 each Inc GST |

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| 1. Payment details ABN 62 932 331 731 | |
| Payment calculation | Total |
| Principle centre $325.00 | $360.00 |
| Additional centre/s @ $60.00 per centre (Total additional centre/s\_\_\_\_\_\_) | $ |
| **Total amount payable** | **$** |
| 1. Payment methods | |
| Electronic funds transfer (please forward a copy of your remittance form with your membership application)  **Account name:** Childcare Association of WA Inc  **BSB:** 306-012  **Account number:** 077 619 3  **REFERENCE: Your centre or company name** | |
| Cheque: To be made payable to Childcare Association of WA Inc | |
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| Credit card: Contact the office on 1300 062 645 | |

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| Contact person: | | | | Position: | | | |
| Centre email: | | | | | | | |
| Street/Postal address: | | | | | | | |
| Suburb: | | | State: | | | Post code: | |
| Licensed places: | 0-2 years: | 2-3 years: | | 3-5 years: | 5-12 years: | | Total: |
| CCMS Software: | | | | | | | |

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| CCMS Software: | | | | | | | |