



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 – Rachele Tucker, Mail: PO Box 196, South Perth WA 6951, or Email: wa@childcarealliance.org.au

1. Membership Details (Please circle)					
Renew Membership		New Membership Application		Additional Centre/s	
2. 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	
3. Licensee's details					
Licensee's name/s:					
Postal address:					
Suburb:		State:		Post code:	
Telephone:			Mobile:		
Email:					
4. 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	
5. 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:					

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

7. 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		\$

8. 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	
Credit card: Contact the office on 1300 062 645	

Additional 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:					

Additional 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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Licensed places:	0-2 years:	2-3 years:	3-5 years:	5-12 years:	Total:
CCMS Software:					