



## ASSOCIATE MEMBERSHIP APPLICATION/RENEWAL 2016-2017

Membership Year runs from 1 April – 31 March

Please return to:

Mail: Australian Childcare Alliance Queensland, PO Box 137, Springwood QLD 4127

Fax: 07 3808 2466

Email: qld@childcarealliance.org.au

ABN: 65 768 804 095

### ASSOCIATE MEMBERSHIP CATEGORY

- Management Company - No. of Services owned/managed
- Childcare industry supplier
- Other

### MEMBER DETAILS

Business Name

Contact Name/Position

Business Street Address

Suburb:

State:

Postcode:

Postal Address (if different from above)

Telephone

Fax

Email

Website

- Please send a high-resolution file of your company logo to qld@childcarealliance.org.au

### PAYMENT DETAILS

Please retain a copy for your records.

TOTAL AMOUNT PAYABLE (Associate Member)

\$ 605.00 (incl GST)

#### CHEQUE

Made payable to Australian Childcare Alliance Queensland

\$ 605.00 (incl GST)

#### DIRECT DEPOSIT

Bank West BSB: 304123 Account Number: 0520571

Please reference "Your Business Name" followed by "MShip"

#### CREDIT CARD Visa Mastercard

Card Number:

Expiry Date:

/

CCV:

Name on Card:

Signature:

### OFFICE USE ONLY

Payment Received  Cheque  Card  EFT Amount Received ..... Receipt No. ....

Database Updated  Email Details Updated  Logo received  Guild Advised  Employer Services Advised