



MEMBERSHIP APPLICATION / RENEWAL FORM

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

MEMBERSHIP CATEGORY

Only Ordinary Members or their Nominated Representative have the right to vote

- | | |
|--|---|
| <input type="checkbox"/> Principal Service (Ordinary Member) | <input type="checkbox"/> Additional Service |
| <input type="checkbox"/> Community Based Service | <input type="checkbox"/> Management Company / Associate |

APPROVED PROVIDER / OWNERSHIP DETAILS

Legal Name

Individual Contact Name

Do you trade as:

<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader
<input type="checkbox"/> Trust	<input type="checkbox"/> Incorporated Association	
<input type="checkbox"/> Other (please give details)		

Number of services you own/manage

Postal address

Suburb:

State:

Postcode:

Phone

Email

The Approved Provider of the Principal Service (Ordinary Member) will have authority to vote at Annual General Meetings. In accordance with the Constitution (25.8) a proxy may be appointed in writing prior to these meetings. You may appoint a Nominated Representative to vote on behalf of your service at General Meetings. Your nominated representative will also be your approved Employer Services contact.

Nominated Representative:

SERVICE DETAILS - PRINCIPAL SERVICE (service with largest licensed capacity)

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

Office Use Only

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

Database Updated: Email details updated ☐ Website updated ☐ Guild advised ☐ Employer Services advised ☐

Letter/Certificate/Sticker etc. mailed / /

Management Committee Meeting / /

To be completed if you own or manage additional services. NB: It is a fundamental principle of ACA Qld that any Additional Services operated by a Principal Service or Management Company must also join ACA Qld.

ADDITIONAL SERVICE 1

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

ADDITIONAL SERVICE 2

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

ADDITIONAL SERVICE 3

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

ADDITIONAL SERVICE 4

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

ADDITIONAL SERVICE 5

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

ADDITIONAL SERVICE 6

Service Name

Nominated Supervisor

Service Address

Suburb:

State:

Postcode:

Postal Address (if different to above)

Suburb:

State:

Postcode:

Phone

Service:

Fax:

Email (mandatory)

- Is the Service Building ☐ Owned by the Approved Provider ☐ Operated under a Lease Agreement
- Is the Service insured with Guild Insurance? ☐ Yes ☐ No
- What is the Service's Licensed Capacity?

Please attach additional page/s with Additional Service details if required.

MEMBERSHIP RATES (Choose between a 1-year or 2-year membership)

☐ 1 Year Membership 1 April 2017 to 31 March 2018

Membership is calculated per licensed place of the Principal Service (largest)

Principal Service or community based service

1 – 50 place \$405 (incl. GST)

51 – 150 place \$750 (incl. GST)

151 – 250 place \$870 (incl. GST)

Additional Service Membership (per service)

\$140 (incl. GST)

Associate Membership OR Management Company

\$635 (incl. GST)

☐ 2 Year Membership 1 April 2017 to 31 March 2019

Membership is calculated per licensed place of the Principal Service (largest)

Principal Service or community based service

1 – 50 place \$790 (incl. GST)

51 – 150 place \$1465 (incl. GST)

151 – 250 place \$1690 (incl. GST)

Additional Service Membership (per service)

\$270.00 (incl. GST)

Associate Membership OR Management Company

\$1240.00 (incl. GST)

It is a fundamental principle of ACA Qld that all Additional Services operated by a Principal Service or Management Company must also join ACA Qld.

PAYMENT DETAILS / CALCULATION

Please retain a copy for your records.

- | | |
|--|----------|
| <input type="checkbox"/> Principal Service (Ordinary Member) / Community Based Service | \$ |
| <input type="checkbox"/> () Number of Additional Services | \$ |
| <input type="checkbox"/> Associate Membership / Management Company | \$ |

TOTAL AMOUNT PAYABLE (incl. GST)	\$
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☐ CHEQUE

Made payable to Australian Childcare Alliance Queensland	\$
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☐ DIRECT DEPOSIT

Bank West BSB: 304123 Account Number: 0520571

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

☐ CREDIT CARD ☐ Visa ☐ Mastercard

Card Number:

Expiry Date: /	CCV:
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Name on Card:	Signature:
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