

SUPPORTER MEMBERSHIP APPLICATION FORM

Membership Year runs from 1 April - 31 March

Please return to:

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

Payment Received

☐ Cheque ☐ Credit card ☐ EFT

Fax: 07 3808 2466 Email: qld@childcarealliance.org.au ABN: 65 768 804 095 If you have any questions, please call our office on 07 3808 2366. ASSOCIATE MEMBERSHIP CATEGORY Software/IT Banking services Directories Payment Toys & Other (please solutions resources specify) support **Brokers** Food & nutrition Playground Sports & fitness Training Consultancy Insurance equipmement providers Staff recruitment services Property П Management Valuers Legal services П П Superannuation services **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 MEMBERSHIP (choose one) \$635 (incl GST) 1 Year Membership \$1240 (incl GST) 2 Year Membership PAYMENT DETAILS (please retain a copy for your records) TOTAL AMOUNT PAYABLE (Associate Member) \$ (incl GST) □ CHEQUE \$ Made payable to Australian Childcare Alliance Queensland (incl GST) □ DIRECT DEPOSIT CBA BSB: 064170 Account Number: 10731441 Please reference "Your Business Name" followed by "MShip" ☐ CREDIT CARD □ Visa □ Mastercard Card Number: Expiry Date: CCV: Name on Card: Signature: OFFICE USE ONLY

☐ Amount Received

Receipt No.