



MEMBERSHIP APPLICATION/RENEWAL FORM 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

MEMBERSHIP CATEGORY

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

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

APPROVED PROVIDER / OWNERSHIP DETAILS

Approved Provider Name/s (not business name)

Registered Company 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.

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 – 1 April 2016 to 31 March 2017

Twelve (12) months membership is calculated per licensed place of the Principal (largest) as follows:

Principal Service (Ordinary Member) or community based service	1 – 50 place	\$385.00 (incl. GST)
	51 – 150 place	\$715.00 (incl. GST)
	151 – 250 place	\$825.00 (incl. GST)
Additional Service Membership (per service)		\$132.00 (incl. GST)
Associate Membership OR Management Company		\$605.00 (incl. GST)

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

Pro-rata rates apply from 1 October 2016

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 @ \$132 per service | \$ |
| <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:

Name on Card: Signature:

Please return to:

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