



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 ☐