



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

Principal Service (Ordinary Member)

Additional Service

Community Based Service

APPROVED PROVIDER / OWNERSHIP DETAILS

Legal Name

Individual Contact Name

Do you trade as:

Company

Partnership

Sole Trader

Trust

Incorporated Association

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:

We may provide your information to ACA Qld Supporter Members (suppliers), so they are able to communicate with you directly about their products and services. If you do not wish for us to share your information, please tick the box.

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 all services operated by an Approved Provider / 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 Year Membership 1 April 2019 to 31 March 2020

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

Principal Service or community based service

1 – 50 place	\$430 (incl. GST)
51 – 150 place	\$795 (incl. GST)
151 – 250 place	\$925 (incl. GST)

Additional Service Membership (per service) \$148 (incl. GST)

It is a fundamental principle of ACA Qld that all additional services operated by an Approved Provider / Management Company must also join ACA Qld. Management Companies must also become Supporter Members (complimentary if managing six or more Principal Services).

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

CHEQUE

Made payable to Australian Childcare Alliance Queensland \$

DIRECT DEPOSIT

CBA BSB: 064170 Account Number: 10731441

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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