

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 Fax: 07 3808 2466 Email: qld@childcarealliance.org.au

If you have any questions, please call our office on 07 3808 2366.

ASSOCIATE MEMBERSHIP CATEGORY Software/IT Other (please Banking services Directories \square Payment \square Toys & solutions resources specify) support Brokers Food & nutrition Playground Sports & fitness Training Consultancy Insurance equipment providers Staff recruitment services Property Valuers Management Legal services 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** 1 Year Membership \$660 (incl GST) **PAYMENT DETAILS** (please retain a copy for your records) \$ TOTAL AMOUNT PAYABLE (Associate Member) (incl GST) \$ 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"

ABN: 65 768 804 095

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

OFFICE USE ONLY

Payment Received 🛛 Cheque 🗆 Credit card 🗆 EFT 🔅 Amount Received Receipt No	
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