

MEMBERSHIP APPLICATION FORM

PLEASE PRINT, COMPLETE THEN SCAN AND EMAIL TO TAS@CHILDCAREALLIANCE.ORG.AU

APPROVED PROVIDER / COMPANY INFORMATION

Approved Provider Company Legal Name:		
Approved Provider Company ABN:		
Approved Provider Contact Name:		
Number of Services Operated:		
Software Provider Used:		
Phone:	E-mail:	
Website:		Fax:
Address:		
City:	State:	Postcode:

MEMBERSHIP FEE STRUCTURE

Centre Ownership Profile	Membership Fee (including GST)	Number
First Service	\$50.00	<input type="checkbox"/>
Each Additional Service	\$25.00	<input type="checkbox"/>
Total		<input type="checkbox"/>

PREFERRED PAYMENT METHOD (PLEASE TICK) PLEASE RETAIN A COPY FOR TAX PURPOSES

Visa or MasterCard (Please Tick)		Eftpos	Cheque
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number (Insert Below): _____/_____/_____/_____		BSB: 302-162	Cheque made payable "ACA Victoria"
Amount Owing:	\$ _____		
Card Expiry Date:	____/____	Account: 1083332	
CVV No:			
Cardholder Name			
Cardholder Signature		Bank: BankWest	

If paying by EFT, please include your Approved Provider Company Legal name as payment reference.

Important Membership Information:

- ACA Tasmania membership will last for 6 months from date of payment receipt.
- ACA Tasmania membership is being offered under the auspices of the Australian Childcare Alliance (because ACA Tasmania doesn't yet exist as a legal entity).
- Day to day member support will be provided by ACA Victoria.
- ACA Tasmania membership entitles members access to PD & member event discounts made available by all ACA State Associations.
- Other member benefits outside of PD and member events are reserved for full paying ACA members in other States.

