Australian Childcare Alliance
New South Wales

MEMBERSHIP APPLICATION FORM 2024/2025

A. MEMBERSHIP CATEGORY

☐ Full Member ☐ Associate Member (Non Service)

B. MEMBERSHIP DETAILS FOR CORRESPONDENCE

Primary Contact Surname: _____

Primary Contact First Name: _____

Position: _____

Registered Company/
Business Name: _____

ABN: _____

Member Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Primary Telephone: _____ Mobile: _____
(These numbers should be for the owner's personal email)

Primary Email: _____ Website: _____
(This email address should be for the owner's personal email)

Would you be willing to be involved with media if required? ☐ Yes ☐ No

Is your business insured with Guild Insurance? ☐ Yes* ☐ No

*Australian Childcare Alliance (ACA) New South Wales has a strategic partnership with Guild Insurance. Please ensure you indicated to Guild Insurance that you are a member of our association.

C. APPROVED PROVIDER DETAILS

Approved Provider Name/s (not business name): _____

Approved Provider Number: _____

Do you trade as: ☐ Company ☐ Trust ☐ Partnership

☐ Incorporated Association ☐ Sole Trader ☐ Other _____

Do you authorise any of your staff members to contact ACA NSW on your behalf? ☐ Yes ☐ No

Number of Services you own/manage: _____ (Please section H for Additional Services)

Please return completed Membership Application Form to:
Post: Australian Childcare Alliance New South Wales PO Box 660, PARRAMATTA NSW 2124
Fax: 1300 557 228 **Email:** nsw@childcarealliance.org.au

D. MEMBERSHIP SUBSCRIPTION RATES

Twelve-month membership subscription is calculated as follows:

☐ Full Membership (Member Classic)	$459.09 + GST = $505.00
☐ Full Membership (Member Plus)	$550.00 + GST = $655.00
☐ Associate Membership	$459.09 + GST = $505.00

Please choose one of the following in addition to the membership fee:

☐ Fair Work Commission/Legal Defence Fund Levy (every 6 months for 3 years)	$50.00 (no GST)
☐ Fair Work Commission/Legal Defence Fund Levy (per year for 3 years)	$100.00 (no GST)

PLEASE NOTE: The ACA NSW Executive Committee will consider hardship requests upon written application. A report on the Fair Work Commission/Legal Defence Fund will be provided to members every quarter.

Donations of additional funds toward the Fair Work Commission/Legal Defence Fund are welcomed:

☐ Donation $_____

NOTE: Refer to nsw.childcarealliance.org.au/membership/benefits-of-membership for full details.

Total Payable: $ _____

E. PAYMENT DETAILS

A TAX INVOICE/RECEIPT for GST purposes will be issued when payment is processed.
ABN: 60 277 501 947

VIA DIRECT TRANSFER: **BSB:** 062 000 **Account:** 168 675 29

Reference: *"Your Service Name"* followed by Business Name

VIA CREDIT CARD: ☐ **Visa** ☐ **Mastercard**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on Card:_____

Expiry Date:_____ CVV: _____

Signature:_____

NOTE: All credit card charges associated with the transaction will be added to the transaction.

VIA CHEQUE: Payable to Australian Childcare Alliance NSW **Mail to:** PO Box 660, Parramatta NSW 2124

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F. PRIVACY STATEMENT

Personal information supplied by you on this Membership Application Form will be received, retained, used and disclosed by Australian Childcare Alliance New South Wales for the primary purpose of maintaining your membership of Australian Childcare Alliance New South Wales. This includes the entry of members' addresses on the Register of Members, which is open for inspection by any member in accordance with the Constitution. Financial information will not be disclosed to any third party. As a member, updated industry information and promotional material will be provided to the addresses on this application (via email, SMS and/or post) from Australian Childcare Alliance New South Wales, partners and/or sponsors of associated programs.

G. PRIVACY STATEMENT

Submission of this completed form to the Australian Childcare Alliance New South Wales will be interpreted as consent by the provider that all information contained here with have been authorised for use by the Australian Childcare Alliance New South Wales.

H. SERVICES – To be completed if you own or manage services – add additional pages if required

Service 1

Service Name:_____

Service Street Address:_____

Suburb: _____ State: _____Postcode: _____

Service Telephone: _____ Service Fax:_____

Service Email: _____Service Website: _____

Types of services offered: ☐Long Day Care Centre ☐ Pre-School ☐ OSHC ☐Other_____

Approved Places: _____ Staff Numbers _____

The overall assessment and rating outcome for this service: _____

Service 2

Service Name:_____

Service Street Address:_____

Suburb: _____ State: _____Postcode: _____

Service Telephone: _____ Service Fax:_____

Service Email: _____Service Website: _____

Types of services offered: ☐Long Day Care Centre ☐ Pre-School ☐ OSHC ☐Other_____

Approved Places: _____ Staff Numbers: _____

The overall assessment and rating outcome for this service: _____

Service 3

Service Name:_____

Service Street Address:_____

Suburb: _____ State: _____Postcode: _____

Service Telephone: _____ Service Fax:_____

Service Email: _____Service Website: _____

Types of services offered: ☐ Long Day Care Centre ☐ Pre-school ☐ OSHC ☐ Other _____

Approved Places: _____ Staff Numbers _____

The overall assessment and rating outcome for this service: _____

I. AUTHORISED PERSONNEL -

Authorised Contact 1

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email:_____ Mobile Number: _____

Primary Contact First Name: _____

Authorised Contact 2

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email:_____ Mobile Number: _____

Primary Contact First Name: _____

Authorised Contact 3

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email:_____ Mobile Number: _____

Primary Contact First Name: _____

Authorised Contact 4

Authorised Contact Surname: _____

Authorised Contact First Name: _____

Position Authorised Contact: _____

Position Authorised Email: _____ Mobile Number: _____
(Optional)

Primary Contact First Name: _____

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