

A. 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: _____

Primary Email: _____ Website: _____

B. MEMBERSHIP SUBSCRIPTION RATES

Twelve-month membership subscription is as follows:

Supplier Membership \$650.00 + GST = \$715.00
Total Payable: \$ _____

C. 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:** 302 985 **Account:** 045 943 9

Reference: Business Name followed by "supplier"

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

Card Number:

Name on Card: _____

Expiry Date: _____ **Signature:** _____

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

D. 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 e-mail, SMS and/or post) from Australian Childcare Alliance New South Wales, partners and/or sponsors of associated programs.

E. 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.

Appendix A

Supplier Membership inclusions:

Listing in the Supplier Directory

- 1 profile (500 words)
- 1 image (200 x 75px)
- 1 image (600 x 300px)

Videos

- 1 video advertorial (2 mins), broadcast as an introduction to the member database

E-mail Newsletter

- 1 article through The Weekly Update, broadcast as an introduction to the member database

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