

Associate Membership Application Form



Associate Membership is open to any person who has an interest in Child Care, and **DOES NOT** currently own a child care centre including the following:

- Persons engaged in child care related studies
- Persons involved in teaching or promoting child care
- Persons establishing a child care service which has not been built or licensed
- Suppliers to the Child Care Industry

Please note: Those establishing or building a centre are required to join as a full member once licensed

Contact Details

Name: Mr / Mrs / Ms _____

Registered Company Name (If applicable): _____

ABN (If applicable): _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: _____ Fax: _____

Mobile: _____ Email: _____

Business Ownership: Private Community Local Government

Reason for joining Child Care New South Wales: _____

What type of business do you intend to run: Sole Trader Partnership Company

Annual Membership Subscription:

Association Membership Fee: \$275

Cheque: Payable to Child Care NSW - PO Box 660, Parramatta NSW 2124

Direct Debit: BSB: 012 437 Account: 108 021 102
Reference: "Company Name" followed by MEMB

Credit Card: Visa Mastercard

Name on Card: _____

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Expiry Date: ____ / ____ / ____ **Signature:** _____

A receipt / tax invoice will be sent to the address provided

On becoming a fully paid Associate Member of Child Care New South Wales, we agree to abide by the Association's Code of Ethics and will endeavour at all times to aim for excellence in the delivery of our service to the community.

Signature of Nominated Representative _____

Name: _____ Position: _____



Please fax your completed Associate Membership Application Form to: 1300 557 228