



Childcare Association of WA Inc 2010-2011 Membership Application form

It is important that the Childcare Association of WA (CAWA) has ALL your current and accurate membership information to allow us to communicate with you effectively and be able to represent you on State & Federal issues.

Please return to: Childcare Association of WA (CAWA)
 Post: PO Box 1433, WEST LEEDERVILLE WA 6901.
 Email: info@childcarewa.com
 Fax: 08 9489 4055

1. MEMBERSHIP DETAILS

| | | |
|------------------|----------------------------|---------------------|
| Renew Membership | New Membership Application | Additional centre/s |
|------------------|----------------------------|---------------------|

2. MEMBERSHIP CATEGORY

| | | |
|------------------------------------|------------------------------------|--|
| Ordinary Member (Private licensee) | Associate Member (Community based) | |
|------------------------------------|------------------------------------|--|

3. LICENSEE DETAILS-Please complete all sections

Licensee's Name/s:

Postal address:

Suburb:

State:

Postcode:

Telephone:

Fax:

Mobile:

Email:

4. BUSINESS INFORMATION-Please complete all sections

Company Name:

ABN:

Do you trade as:

| | | |
|---------|--------------|-------------|
| Company | Partnership | Sole Trader |
| Trust | Incorporated | Unit Trust |

Other (Please Specify):

Number of centres you own:

Are you insured with GUILD

YES

NO

5. MEMBERSHIP SUBSCRIPTION RATES- 1ST July 2010 -30th June 2011

| | |
|---|------------------|
| Ordinary Member (Private Licensee-Principle Centre) | \$325.00 Inc GST |
| Associate Member (Community based) | \$325.00 Inc GST |
| Additional Centre's | \$55.00 Inc GST |
| | |

6. PAYMENT DETAILS**ABN 62 932 331 731***This document will be a TAX INVOICE/RECEIPT for GST purposes when payment is made. Please retain a copy for your records.*

| Payment Calculation | Total |
|--|-----------|
| Principle Centre \$325.00 | \$325.00 |
| Additional Centre/s @ \$55.00 per centre | \$ |
| Total amount payable | \$ |

Payment methods

| | |
|---|-----------|
| Cheque (made payable to Childcare Association of WA Inc) | \$ |
| Electronic funds transfer (Please forward a copy of your EFT remittance advice with your membership application) Account Name: Childcare Association of WA Inc BSB: 306-012 Account Number: 077 619 3 Bank: BankWest | \$ |

Credit Card via Pay Pal: Please note there is a 2% charge for credit card payments**7. Office Use Only**

Payment Received: Cheque Card EFT Amount Received Receipt No.

Database Updated. Email Details Updated.

Membership pack mailed _ / /

Management Committee Meeting / /

Proposed by: (Print Name)

Signature

Name of Centre.....

Seconded by: (Print Name)

Signature

Name of Centre.....

Notes:

8. MEMBER CENTRE DETAILS-please complete all sections

Centre/Organisation name:

Contact person:

Position/Title:

Centre contact email:

Website:

Street address:

Suburb:

State:

Postcode:

Postal address if different from above:

Suburb:

State:

Postcode:

Telephone:

Fax:

Mobile:

Licensed places:

Software for CCB:

Do you wish to receive the Family Sampling Packs from Australian Family

YES

NO

IF YES HOW MANY PACKS DO YOU REQUIRE**TOTAL PACKS:****9. Additional MEMBER CENTRE DETAILS-please complete all sections (If you have more than one additional centre please photocopy and complete for each additional centre)**

Centre/Organisation name:

Contact person:

Position/Title:

Centre contact email:

Website:

Street address:

Suburb:

State:

Postcode:

Postal address if different from above:

Suburb:

State:

Postcode:

Telephone:

Fax:

Mobile:

Licensed places:

Software for CCB:

Do you wish to receive the Family Sampling Packs from Australian Family

YES

NO

IF YES HOW MANY PACKS DO YOU REQUIRE**TOTAL PACKS:**