

Childcare Association of WA Inc (CAWA) July 1st 2011 – June 30th 2012

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 both State & Federal issues.

Please return completed form to: The Executive Officer CAWA, Mail: PO Box 196, South Perth WA 6951, or Email: info@childcarewa.com

1. Membership Details (Please circle)

Renew Membership	New Membership Application	Additional Centre/s
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2. Membership Category (Please answer all questions)

Category (please circle)	Questions	Answers (please circle)
Ordinary Member (Private Licensee)	Are you privately owned	Yes / No
Associate Member (Community Based)	Are you licensed	Yes / No
Associate Member (Industry Supplier)	Do you participate in the accreditation process	Yes / No
	Does your centre receive CCB	Yes / No

3. Licensee's details

Licensee's name/s:		
Postal address:		
Suburb:	State:	Post code:
Telephone:	Mobile:	
Email:		

4. Business information

Company name:		
ABN:		
Do you trade as: (please circle)		
Company	Partnership	Sole Trader
Trust	Incorporated	Unit Trust
Other: (please specify)		
Website:		
Are you insured with Guild?	YES	NO

5. Centre details (please complete all sections)

Centre name:					
Contact person:			Position:		
Centre email:					
Street/Postal address:					
Suburb:		State:		Post code:	
Licensed places:	0-2 years:	2-3 years:	3-5 years:	5-12 years:	Total:
CCMS Software:					

Note: Additional centre/s information on page 2.

Note: If you have more additional centres please photocopy and complete for each additional centre.

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6. Membership subscription rates 1st July 2011 - 30th June 2012

Ordinary member:	\$325.00 inc GST
Associate member:	\$325.00 Inc GST
Additional centre/s:	\$55.00 each Inc GST

7. Payment details

ABN 62 932 331 731

Payment calculation	Total
Principle centre \$325.00	\$325.00
Additional centre/s @ \$55.00 per centre (Total additional centre/s _____)	\$
Total amount payable	\$

8. Payment methods

Electronic funds transfer (please forward a copy of your remittance form with your membership application)	
Account name: Childcare Association of WA Inc	
BSB: 306-012	
Account number: 077 619 3	
REFERENCE: Your centre or company name	
Cheque: To be made payable to Childcare Association of WA Inc	
Ezidebit: application form available from http://childcarewa.com/join_cawa or by request to info@childcarewa.com	
Credit card via Pay Pal: (please note there is a 2.5% charge for credit card payments)	

Additional Centre details (please complete all sections)

Centre name:					
Contact person:			Position:		
Centre email:					
Street/Postal address:					
Suburb:		State:		Post code:	
Licensed places:	0-2 years:	2-3 years:	3-5 years:	5-12 years:	Total:
CCMS Software:					

Additional Centre details (please complete all sections)

Centre name:					
Contact person:			Position:		
Centre email:					
Street/Postal address:					
Suburb:		State:		Post code:	
Licensed places:	0-2 years:	2-3 years:	3-5 years:	5-12 years:	Total:
CCMS Software:					

Additional Centre details (please complete all sections)

Centre name:					
Contact person:			Position:		
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Licensed places:	0-2 years:	2-3 years:	3-5 years:	5-12 years:	Total:
CCMS Software:					

Note: If you have more additional centres please photocopy and complete for each additional centre.