APPLICATION FOR FULL MEMBERSHIP

Australian Childcare Alliance
South Australia

Full Members of the Association must be approved providers of independently owned child care centres in South Australia. Membership is for a financial year.

LICENSEE DETAILS

Licensee Name/s ....

Postal Address .... Suburb.......................................

State/Territory................................. Postcode............................ ABN ....

Phone .... Mobile ....

Email ....

Number of centres under your ownership ....

CENTRE DETAILS (highest licensed place centre operated)

Centre Name ....

Address.. Suburb Postcode...................

Phone .... Mobile ....

Email ....

Website ....

Types of services provided: ☐ Long day care   ☐ preschool   ☐ OSHC/VAC

Licensed places .... Families catered for (approx) ....

Age group places 0-2yrs............ 2-3yrs............ 3-5yrs............ Over 5 ....

Please indicate where ACA SA correspondence is to be sent: ☐ All centres   ☐Licensee only

GUILD INSURANCE

Is/are your centre/centres insured with GUILD   ☐ YES   ☐ NO

ACASA has a strategic Partnership with GUILD Insurance so please ensure you indicate to Guild that you are a Member of ACASA.

PRIVACY

Information provided on this application will be received, retained, used and disclosed by ACA SA for the purpose of maintaining membership records and web site listings.

Please note an invoice will be issued for membership fees. Return this Application Form to Australian Childcare Alliance SA, email to sa@childcarealliance.org.au

I/We hereby apply for Full Membership of Australian Childcare Alliance South Australia Incorporated.

Name ....   Signature ....

Name ....   Signature...

Date   ....

Additional Centres? – Please add these overleaf.

Australian Childcare Alliance South Australia Incorporated   ABN 31 635 090 546

CENTRE DETAILS

Centre Name ....

Address.. Suburb Postcode...................

Phone .... Mobile ....

Email ....

Website ....

Types of services provided: ☐ Long day care   ☐ preschool   ☐ OSHC/VAC

Licensed places .... Families catered for (approx) ....

Age group places 0-2yrs............ 2-3yrs............ 3-5yrs............ Over 5 ....

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Centre Name ....

Address.. Suburb Postcode...................

Phone .... Mobile ....

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Please reproduce and attach more pages if you have additional centres to register.