

**APPLICATION FOR  
ASSOCIATE A or B MEMBERSHIP**



**Associate A Members** are any person, firm or body corporate or franchise who are directly engaged in an approved childcare centre.

**Associate B Members** are any person, organisation or body who is associated with the childcare industry. Please note that Associate A and Associate B Members do not have the right to vote or to stand for office.

**APPLICANTS DETAILS (correspondence will be sent to these contact details)**

Applicants Name .....  
Postal Address .....  
Suburb ..... State/Territory.....Postcode.....  
Phone ..... Mobile .....  
Email .....  
Website .....

**BODY CORPORATE DETAILS (if applicable)**

Body Corporate Name.....  
Trading Name .....  
ABN .....  
Suburb ..... State/Territory.....Postcode.....  
Phone ..... Mobile .....  
Email .....

Please provide information about yourself/organisation and why you wish to join Australian Childcare Alliance SA. (attach another sheet if required).

**PRIVACY**

Information provided on this application will be received, retained, used and disclosed by ACA SA for the purpose of maintaining membership records. Basic contact information may be provided to ACA SA corporate partners in order to deliver benefits to members.

***Please note an invoice will be issued for membership fees.***

Return this Application Form to Australian Childcare Alliance SA PO Box 406 Hindmarsh SA 5007 or email to [sa@childcarealliance.org.au](mailto:sa@childcarealliance.org.au)

I/We hereby apply for Associate A  or Associate B  Membership of Australian Childcare Alliance SA Inc.

Name ..... Signed ..... Date .....