

NSW Family Day Care Association Associate Membership Application Form



Contact information

Service name:

Contact name:

Address:

PC:

Office number:

Fax:

Mobile number:

Email:

Associate Membership (\$250 base rate plus \$5 per Educator) 12 month Associate Membership (1 January – 31 December)

Current number of educators: **x \$5 + \$250 base rate**
(each Educator will receive an Associate Membership Certificate and number)

Total:

Plus GST:

Total incl GST:

HOW TO PAY

Mail your cheque payable to:

NSW Family Day Care Association
PO Box N107
Petersham North 2049

Direct Deposit:

Bank: Westpac
Account: NSWFDCA
BSB: 032-272
Account No: 162368
Reference: Service name and 'Membership'

Credit Card:

Please complete these details

Visa or Mastercard

Card Number:

Expiry:

Card Holders Name:

Signature:

Associate Membership to be paid once application has been approved

I apply to become an Associate Member of the NSW Family Day Care Association. I understand that I am eligible for membership as an Associate Member only. In applying for Associate Membership to NSW Family Day Care Association, I agree to be bound by the Constitution of the Association. I understand that Associate Membership is non-transferable and non-refundable.

Name:

Signature:

Please email to accounts@nswfdc.org.au

NSW Family Day Care Association, PO Box 386, Summer Hill NSW 2139, fax: 02 9779 9998