



## NSW Family Day Care Association Affiliate Membership Application Form

### Contact information

Organisation name:

Contact name:

Address:

Postcode:

Office phone:

Fax:

Mobile phone:

Email:

### Costs

Affiliate Membership: \$300 + GST

12 month Associate Membership (1 January – 31 December)

Total: **\$330 (incl. GST)**

### How to pay

#### Mail your cheque payable to:

NSW Family Day Care Association  
PO Box 386  
Summer Hill NSW 2130

#### Direct deposit:

Bank: Westpac  
Account: NSWFDCA  
BSB: 032-272  
ACN: 162368  
Reference: your service name

#### Credit card:

Please complete these details (Visa or MasterCard only)

Card number:

Expiry:

Card holders name:

Signature:

Affiliate Membership will start when payment has been received

### Statement

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

Name:

Date:

Signature: