



## NSW Family Day Care Association Associate Membership APPLICATION Form

### Contact information

Service name:

Contact name:

Complete address:

Office phone:

Fax:

Mobile phone:

Email:

### Costs

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

Total:

*(each educator will receive an Associate Membership certificate)*

Plus GST:

Total 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:

Associate Membership will start when payment has been received

### Statement

*I apply to become an Associate Member of 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: