



**2015/16 PROVISIONAL MEMBERSHIP APPLICATION FORM
(PLEASE RETAIN A COPY FOR TAX PURPOSES)**

ABOUT THE AUSTRALIAN CHILDCARE ALLIANCE VICTORIA

Our **mission** is to be member focused and serve all members by:

- Providing leadership in Early Childhood Education and Care
- Providing members timely, accurate information on industry trends, research and training
- Facilitating comprehensive high quality professional development opportunities
- Developing supplier relationships to enhance cost effective delivery of service for members
- Creating sector partnerships to facilitate positive lobbying and advocacy outcomes
- Representing Members at all levels of Government via the Australian Childcare Alliance
- Having a presence at relevant projects, working groups, industrial matters and in the media.

Our **vision** is to ensure equity within the early education and childcare sector by representing members, keeping members well informed and supporting them to provide the highest quality care for their families.

Our **values** are to:

- provide **leadership** in Early Childhood Education and Care
- enable members to provide the highest **quality** of care to their families
- act with **integrity**, be honest, develop trust and do what we say we will do
- **respect** our members and the parents and children in their care
- consult and provide the highest levels of **service** and support to our members.

By becoming a member of the Australian Childcare Alliance Victoria you agree to uphold and support achievement of our mission, vision and values.

COMMUNICATION OPPORTUNITIES

Australian Childcare Alliance Victoria communicates with its members on a range of topics and across a variety of channels. Please indicate what topics and which channel/s work best for you and your team:

Professional Development	☐	Member Events	☐	Sector News	☐	Special Offers	☐
Phone	☐	Text Message	☐	Email	☐	Centre Visit/s	☐

Are you interested in being contacted by ACAV member benefit providers?

☐

PROVISIONAL MEMBER INFORMATION (PLEASE COMPLETE APPLICABLE SECTIONS)

Your full name:

Company ABN:

Phone:

E-mail:

Fax:

Address:

City:

State:

Postcode:



PROPOSED CENTRE INFORMATION (PLEASE COMPLETE WHERE POSSIBLE)

Centre name:		
Approved Provider Legal Name:		
No of registered places:	Website:	
Phone:	E-mail:	Fax:
Address:		
City:	State:	Postcode:

PROVISIONAL MEMBERSHIP FEE: \$350.00 (10% GST INCLUDED)

PREFERRED PAYMENT METHOD (PLEASE TICK)

Visa or Mastercard (Please Tick)		Eftpos	Cheque
Visa	☐	Mastercard	☐
Card Number (Insert Below): ____ / ____ / ____ / ____		BSB: 303-432 A/c No: 0515185 Bank: BankWest	Please make cheque payable to: ACA Victoria
Amount	_____		
Card Expiry Date:	____ / ____		
CVV No:	_____		
Cardholder Name	_____		
Cardholder Signature	_____		

If paying by EFT please include your name as payment reference

THANKYOU AND KEY CONTACT INFORMATION

Thank you for taking out membership of the Australian Childcare Alliance Victoria. We look forward to supporting you to improve outcomes in your centre/s.

Once we have processed your membership payment, you will receive a membership welcome pack.

Please contact our office with any questions you may have in the meantime as follows:

- Email – vic@childcarealliance.org.au
- Phone – 03 9532 2017
- Fax – 03 9532 3336