

CHILD Australia Resource Centre Membership Form

Once paid, this form is considered as a tax invoice. Please keep a copy for your records.

Name of organisation:

Type of organisation (please tick) LDC FDC OSHC VAC Care Occas. Care Indigenous

Contact person
(First Name) (Family Name)

Position:

Address: Postcode

Phone: Fax:

Email:

Postal Address (if different from above):

Name:

Address: Postcode:

I hereby apply for membership of the CHILD Australia Resource Centre. As a member, I/we accept full responsibility for all resources borrowed from CHILD Australia and undertake to replace or pay for any damage or loss which occurs while the resources are in my/our care.

Signature: Date:

Membership Fees (Prices are inclusive of GST).

Professional Library (web site log on and on site borrowing privileges for all staff members)

- \$130.00 per annum for Australian Government Approved Childcare Services
- \$240.00 per annum for Non- Australian Government Approved Childcare Services
- \$130.00 per annum for Family Day Care Schemes
- \$350.00 per annum Corporate Membership including TAFE's

Mobile Library – Metro (waiting list may apply) includes Professional Membership

- \$240.00 per annum for Australian Government Approved Childcare Services

Postal Library – Regional (waiting list may apply) includes Professional Membership

- \$185.00 per annum for Australian Government Approved Childcare Services
- \$130.00 per annum for Vacation Care (4 boxes, 1 in each school holidays)

Student \$33 per annum for on-site borrowing privileges

Payment Method

- Cheque (please attach)
- Direct Deposit to BSB 306-051 A/C 417942-8

Reference Details

Date of deposit / /

MasterCard Visa Card Bankcard

Credit Card Number

Expiry Date: /

Name on Credit Card

Signature