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CHILD CARE CENTRES ASSOCIATION OF VICTORIA INC.

**TAX INVOICE**

**ABN: 61 953 934 130**

## Membership Application Form for 2010/2011

Licensee's / Responsible Persons:		
Contact Person (other than above):	Position:	
Centre Name:		
Centre Address:		
		Postcode:
Postal Address (if different from above):		
		Postcode:
Centre Phone No.:	Fax No.:	Mobile:
Email:	Website:	
Registered No. of places:	Please fill in further information overleaf	
<b>PLEASE NOTE: All information supplied will only be used for internal administrative purposes</b>		

### Membership Fee Structure for July 1<sup>st</sup> 2010 to June 30<sup>th</sup> 2011:

- Centres registered from **22 places to 70 places** will be charged at the fee rate of **\$10** per registered place (or **\$11** including 10% GST), **this is still at the 1998/1999 fee rate!!**
- Child places from **71 and above** will be charged at flat rate of **\$5.00** per place (or **\$5.50** including 10% GST)
- Minimum fee for centres with 22 registered places or less is **\$220** (or **\$242** including 10% GST).

**Please Note: All centres must be registered to enable individual service/representation.**

Whilst CCCAV's policy is to offer its Members free legal advice, advice on pre-existing industrial disputes or disputes currently in progress or developing at the Centre prior to a Licensee joining as a Member, he/she will be referred directly to a discounted fee-for-service legal practitioner. If the matter is handled in-house, there will be an applicable fee of \$200 + GST per hour, with a minimum charge of one hour.

Registered places up to 70 (at \$11 ea. incl. GST) = \$ \_\_\_\_\_

Additional Registered places (at \$5.50 ea. incl. GST) = \$ \_\_\_\_\_

Total Fee Payable (Including GST) = \$ \_\_\_\_\_

**PLEASE NOTE**

*As this form becomes a TAX Invoice, receipts will not be issued*

### Payment Method:

(Please tick applicable box)

Cheque payable to CCCAV

EFT (details on request)

Mastercard

Visa

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Card No:

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Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**PLEASE NOTE: This becomes a Tax Invoice on Receipt of Payment. Retain a copy for your records!**



<i>Continued:</i>			
Is your Centre accredited?	If yes, what is the rating?		
Days and Hours of Centre's Operation:	Monday to Friday	AM -	PM
Do you provide Before School Care?	Do you provide After School Care?		
Do you run a funded 4 year old Kindergarten?	Days / Times:		
What is your Fee structure? Under 3s Daily:\$	Under 3s Weekly:\$	Over 3s Daily:\$	Over 3s Weekly:\$

**Declaration:**

I/We \_\_\_\_\_

Of (Centre) \_\_\_\_\_

\_\_\_\_\_

being a fully paid member of the CCCAV, hereby agree to abide by the Association's Code of Ethics and will endeavor at all times to provide a quality service to the community.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**How can the CCCAV serve you better?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Centre Number 2 (if applicable)**

Licensee's/Responsible Person:		
Contact Person (other than above):	Position:	
Centre Name:		
Centre's Address:		
Postcode		
Postal Address (if different from above):		
Postcode		
Centre Phone No.:	Fax No.:	Mobile:
Email:	Website:	
Registered No. of places:		
<i>Add to front of form to calculate fee</i>		
Is your Centre accredited?	If yes, what rating?	
Days and Hours of Centre's Operation:		
Do you provide Before School Care?	Do you provide After School Care?	
Do you run a Registered 4 year old Kindergarten?	Days / Times:	
What is your Fee structure? Under 3s Daily:\$	Under 3s Weekly:\$	Over 3s Daily:\$ Over 3s Weekly:\$

### Centre Number 3 *(if applicable)*

Licensee's/Responsible Person:			
Contact Person (other than above):		Position:	
Centre Name:			
Centre's Address:			
			Postcode
Postal Address (if different from above):			
			Postcode
Centre Phone No.:	Fax No.:	Mobile:	
Email:		Website:	
Registered No. of places:		<i>Add to front of form to calculate fee</i>	
Is your Centre accredited?		If yes, what rating?	
Days and Hours of Centre's Operation:			
Do you provide Before School Care?		Do you provide After School Care?	
Do you run a Registered 4 year old Kindergarten?		Days / Times:	
What is your Fee structure? Under 3s Daily:\$      Under 3s Weekly:\$      Over 3s Daily:\$      Over 3s Weekly:\$			

### Centre Number 4 *(if applicable)*

Licensee's/Responsible Person:			
Contact Person (other than above):		Position:	
Centre Name:			
Centre's Address:			
			Postcode
Postal Address (if different from above):			
			Postcode
Centre Phone No.:	Fax No.:	Mobile:	
Email:		Website:	
Registered No. of places:		<i>Add to front of form to calculate fee</i>	
Is your Centre accredited?		If yes, what rating?	
Days and Hours of Centre's Operation:			
Do you provide Before School Care?		Do you provide After School Care?	
Do you run a Registered 4 year old Kindergarten?		Days / Times:	
What is your Fee structure? Under 3s Daily:\$      Under 3s Weekly:\$      Over 3s Daily:\$      Over 3s Weekly:\$			

**Please Note:** Multiple centre owners, please submit a photocopy of this form and simply add the total number of places and apply the appropriate rate to the front of this form.