



Australian Home Childcare Association Membership Form

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|-------------------------------|--|
| Full Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say |
| Address | |
| Suburb / Town | |
| State | |
| Postcode | |
| Phone | |
| Email | |
| Organisation (if applicable) | |
| Position / Role | |
| Skills / Interests | <input type="checkbox"/> Childcare <input type="checkbox"/> Advocacy <input type="checkbox"/> Training <input type="checkbox"/> Policy <input type="checkbox"/> Community Engagement <input type="checkbox"/> Other: |
| Membership Fee Paid | <input type="checkbox"/> Yes <input type="checkbox"/> No \$395.00 |
| Privacy and Consent Agreement | <input type="checkbox"/> I agree to AHCA storing my details and receiving communications |
| Signature | |
| Date | |

EFT Transfer:

BSB 032-528

Account: 160033

TERM AND CONDITIONS:

Please include your Service Name as your payment reference.