



Gosford Family Day Care
Supported Playgroups
Brighter Futures
MyTime

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APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Coastwide Child and Family Services Incorporated (Incorporated under the Associations Act 1984)

I, _____ (Name), of _____
_____ (Address), _____ (Post Code)
Telephone: _____ (H) _____ (W) _____
Occupation: _____

Category: Parent user of Service / Registered Carer / Interested Community Person

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association.

Signature of Applicant: _____ **Dated:** _____

Signature of Nominee: _____ **Dated:** _____
(Member of the association)

Seconded by: _____ **Dated:** _____
(Member of the association)

Membership fee of \$3 (GST inclusive) enclosed: yes / no Date of meeting of approval: _____

Membership fees, according to Rules of the Association: **\$1 joining fee plus \$2 annual subscription** (GST incl).

All membership and annual fees will be held and used each year to support the C.C. & F.S children's Christmas party.

CARERS ONLY

I authorise Coastwide Child and Family Services Inc. to deduct the amount of \$ _____ from my Childcare Benefit payment.

Name: _____ Date: _____ Signature: _____

OFFICE ONLY

The amount of \$ _____ has been deducted from CCB payment date _____

Name: _____ Date: _____ Signature: _____