



SUPPORTED PLAYGROUPS | FAMILY DAY CARE

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) _____ (M) _____

Email Address: _____

Occupation: _____

Category: Parent User of Service / 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 fees, according to the Rules of the Association, are payable annually. Renewal is optional and you will receive a renewal reminder by email at the end of each year.

Your access to quality community based child and family support services

Coastwide Child and Family Services Inc. ABN 80 576 677 951

PO Box 4235 East Gosford 2250

Telephone: 02 4340 1111 Fax: 02 4340 0888 Email: admin@ccfdc.com.au Website: www.ccfdc.com.au