

Membership Application Form



Te Tari Puna Ora o Aotearoa
NZ Childcare Association

Please return completed form and payment to:
Te Tari Puna Ora o Aotearoa/NZ Childcare Association
Freepost: 146578, PO Box 12 725 Thorndon, Wellington 6144

0800 CHILDCARE (0800 244 532) ext 815
(04) 473 4672 Fax: (04) 473 7295
www.nzca.ac.nz members@nzca.ac.nz

Choose your membership type

Centre Please complete sections 1, 3 and 4 **Institutional** Please complete sections 2 and 4 **Student** Please complete sections 2 and 4 **Individual** Please complete sections 2 and 4

SECTION 1 – CENTRE INFORMATION

Centre name: _____ Centre fax number: _____

Centre phone number: _____ Centre email: _____

Management representative's name: _____ Position: _____

Ethnicity: Māori / NZ European / Pasifika / Other / please state: _____

Centre postal address: _____ Suburb: _____

Town/City: _____ Postcode: _____

SECTION 2 – INDIVIDUAL/STUDENT/INSTITUTIONAL MEMBER

Name: _____ Organisation: _____

Occupation: _____

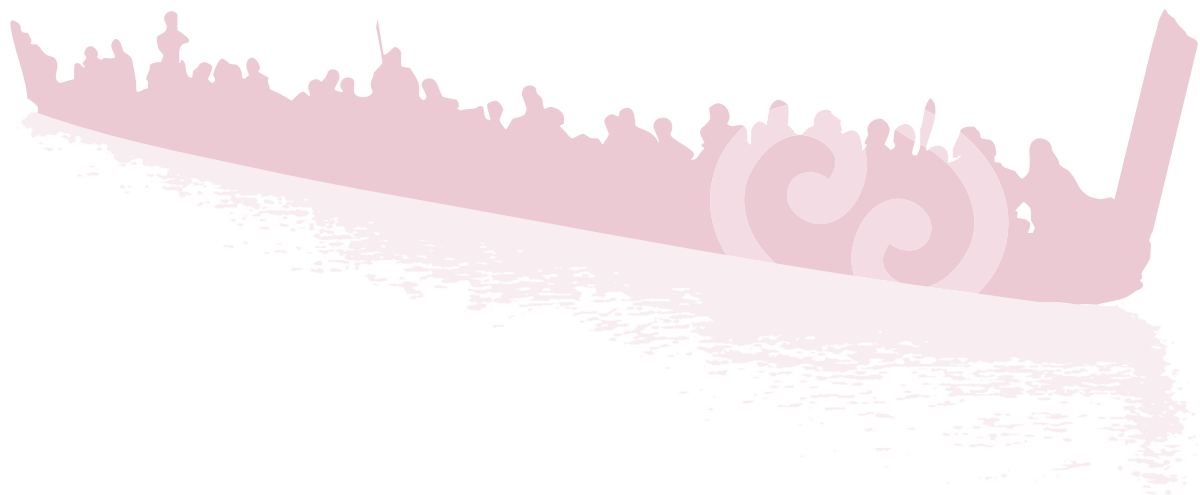
Postal address: _____ Suburb: _____

Town/City: _____ Postcode: _____

NZCA Student ID number (if applying for student membership): _____

Email: _____ Phone number: _____

Ethnicity: Māori / NZ European / Pasifika / Other / please state: _____



SECTION 3 – TELL US ABOUT YOUR CENTRE

Number of licences: _____

MoE Licence number(s): _____ Licence Type Mixed Under 2 Over 2

Ownership

- Community-based
 Privately-owned
 Other

Specify: _____

Staffing

No. of staff

Management: _____

Qualified Teachers: _____

In-training: _____

Support: _____

Administration: _____

Other (specify): _____

Organisation

- Education & Care
 Free Kindergarten
 Home-based Childcare
 Te Kōhanga Reo/Māori Immersion
 Playcentre
 Casual Childcare

No. of children covered by license

_____ Under 2 yrs

_____ Over 2 yrs

_____ Total enrolled

_____ Māori enrolled

_____ Pasifika enrolled

Special character

- Māori immersion
 Pasifika Language Nest
 Hospital based
 Montessori
 Steiner

Please specify: _____

Location Type

- Urban
 Rural

Facilities

- Rented council Govt owned
 Owner occupied Purpose built
 Rented private Hospital
 Highrise Church
 Adapted building

Annual Turnover

- \$0 – \$100k
 \$100 – \$250k
 \$250 – \$500k
 \$500k +

How did you hear about NZCA?

- NZCA staff member
 Conference
 NZCA Website
 Word of mouth

Other: _____

All news updates are sent via email.
 If you do not have an email address,
 Please tick this box

SECTION 4 – MEMBERSHIP AND PAYMENT DETAILS

Choose your membership type

- Centre membership**
\$413.00 incl GST
 (Half-yearly subscription from July to December)
 This includes one-off \$113.00 Joining Fee for new Centre/Service Memberships.

- Individual membership**
\$112.50 incl GST
 (Annual subscription from January to December)

- Student membership**
\$33.75 incl GST
 (Annual subscription from January to December)

- Institutional membership**
\$488.00 incl GST
 (Annual subscription from January to December)
 This includes one-off \$113.00 Joining Fee for new Institutional Memberships.

I enclose total payment of \$ _____ by:

- Direct Credit**
 Please quote your name as entered on this form in the reference field when making your payment
 Account Number:
 Westpac
 03 0502 0068224 001

Date Transfer made: _____

- Cheque**
 Cheques should be made payable to:
 Te Tari Puna Ora o Aotearoa/NZ Childcare Association

- Credit Card** (enter details below)

- Visa MasterCard

Card No:

Expiry Date: _____

Name on Card: _____

Signature on Card: _____

Signature