



tax invoice ABN 59612246689

Membership Application Form

AUSTRALIAN EDUCATION AND

CARE WORKFORCE PROFESSIONAL BODY

Membership in a Professional Body offers many rewards

 Discover them NOW

At **ECW**, we recognize, acknowledge and value you as an education and care professional. We encourage all education and care practitioners to share their stories of good practice. Recognizing that it is through coming together as one, sharing our stories, reflecting on our practices and engaging in professional discussions, that together we can all grow in knowledge, skill and expertise.

Service Details

Member Benefits:

- Association with your peak professional body
- Recognised, acknowledged and valued as a professional
- A voice on issues effecting you and the EC profession
- PRB Voting rights
- Opportunities to showcase your practices
- Kept informed about issues that matter

Member Rewards:

- FREE networking opportunities
- Heavily discounted
 Professional Development
- Credits up to \$200 for contributions of Good Practice Stories
- Up to 20% off goods and services through ECW Collaborators
- \$500 off textbooks for studies through Open Universities Australia
- Event Giveaways
- Exceeding Membership includes registration into the ECW Conference and Educators Festival*

Service ECW Membership Application

Name of Service				
Address				
Suburb		State		
Postcode		Phone		
Service Type (circle) LDC FDC Kinde	ergarten/Preschool SAC	Other		
Service Email				
Name authorising	officer	Position		
Direct Email Total No: of staff	✓Ordinary ✓Excee	0		
	Membership Membersh rect Credit to: ation and Care Workforce dy BSB: 064 149 ACC: 10151502	 ✓ ☐ Charge my Credit Card. Please reference payment with services name and forward this form to: membership@aecwpb.com 		
ECW membership is for the Education and Care Practitioner	Name on Card Signature	M/Card Visa Expiry / MM YY		
		CCN		

MANY VOICES TOGETHER -ONE STRONG VOICE FOR EDUCATION AND CARE PRACTITIONERS.

Staff Details	
1.Full Name	Mobile
Personal Email	Position
2.Full Name	Mobile
Personal Email	Position
3.Full Name	Mobile
Personal Email	Position
4.Full Name	Mobile
Personal Email	Position
5.Full Name	Mobile
Personal Email	Position
6.Full Name	Mobile
Personal Email	Position
7.Full Name	Mobile
Personal Email	Position
8.Full Name	Mobile
Personal Email	Position
9.Full Name	Mobile
Personal Email	Position

<u> </u>	E.G.	Number of staff		Membership rate		Equation	Total Fee
Duplicate this page if additional space	Ordinary	10		\$60		10 x \$60 =	\$600.00
for staff names is	Exceeding	6		\$275		6 x \$275 =	\$1,650.00
needed. Complete the table and add totals to the front page.	No: of Staff	1 - 4 staff	5 - 9 Staff	10 - 20 staff	20+ Staff	Sub Total	\$2,250.00
	Ordinary	\$80	\$70	\$60	\$50	Add GST 10%	\$225.00
www.aecwpb.com	Exceeding	\$300	\$275	\$250	\$225	Total	Transfer total to page 1
	Amounts are	e per each	n individua	Payable	\$2,475.00		