



Mail: PO Box 513  
JAMISON CENTRE ACT 2614  
ABN: 75 749 847 915

✉ play@playgroupact.org.au  
🌐 www.playgroupact.org.au  
📘 www.facebook.com/PlaygroupsACT

Office: 41 Templeton St, Cook, ACT  
Hours: 9.30am - 2.30pm Mon – Fri  
school terms only

Ph: **1800 171 882** (Free in ACT region)  
Outside ACT region ph: (02) 6251 0261  
Fax: (02) 6251 9887

## Organisation Membership Application / Renewal to 1/03/2019

- New (\$60) GST included
- Renewing Member (\$60) GST included
- Part year (only available after 1/10/18) (\$40)

Member No (if known): \_\_\_\_\_

Organisation Name:
Contact Surname & Title:
Contact First Name:
Address:
Telephone:
Mobile:
Email:

We currently run ..... (number) playgroups, and would like you to refer prospective members. We have completed a registration form (overleaf) for each playgroup that we run.  
(Feel free to copy/print more forms as required.)

**OR**

We do not run any playgroup(s) or do not wish you to refer prospective members to our playgroup(s).

### Organisational Membership benefits

Member benefits are reviewed regularly and currently include:

- ❖ Advance notice of ACT Playgroups' activities.
- ❖ FREE participation at ACT Playgroups major events.
- ❖ Access to staff and resources (at member rates) at the Association's office.
- ❖ Regular monthly playgroup news.
- ❖ FREE attendance for two people at Playdate Sessions. (Maximum four sessions per term)
- ❖ Support for your playgroups from ACT Playgroups' Development and Support Workers.
- ❖ Referral of new members to your playgroup(s)

### PLEASE NOTE:

- ❖ Organisational Membership does **not** include ACT Playgroups insurance coverage.
- ❖ Membership is not refundable.

We regret that we cannot accept payments over the phone as the bank requires us to keep a signature with payment details.

Please tick here if you require a GST invoice

Payment:  Cash     Cheque/Money Order (made payable to ACT Playgroups Association Inc.)

Expiry date /     Mastercard     Visa

Amount: \_\_\_\_\_

Cardholder's name \_\_\_\_\_ (handwritten) Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use only:

Receipt No ..... Database entry date: .....

GST Invoice No. .... created and posted .....

Playgroup(s) entered .....



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### Playgroup Registration to 2019

(Playgroups are requested to renew their registration by 31 March **each** year)

Please tick: New Playgroup  **OR** Playgroup Renewal

Do you want us to send your details to NSW Playgroup association (NSW playgroups only)?

#### PLAYGROUP INFORMATION – This information WILL be included on the ACT Playgroups Website

**Playgroup name:** \_\_\_\_\_

**Playgroup Description:** Please describe your Playgroup in 25 words or less. (This will help us to refer potential members to your group (by phone and web). For example, what is the general age of the children, cultural aspects, religion, special needs, structure and routines.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Website contact email:** \_\_\_\_\_

(You may prefer to use a generic email address for the website, e.g. XYZplaygroup@gmail.com etc. rather than your private email)

**Website contact phone number (optional):** \_\_\_\_\_

#### Venue Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Phone (if known): \_\_\_\_\_

Please circle venue type: Home; Church; Community Hall; Preschool; Other \_\_\_\_\_

**Vacancy Status:**  **Vacancies** (accepting new members)  **Full – Waiting List** (keeping a waiting list for when vacancies occur)  **Full – No Referrals** (not accepting new members)

**Restricted** (restricted to specialist groups eg. disability, autism, young mums, language etc) **Reason:** \_\_\_\_\_

**Session Information:** Please state your group's regular meeting time – Weekly/Fortnightly (please circle)

Day(s): \_\_\_\_\_ Start time \_\_\_\_\_ Finish time \_\_\_\_\_

Age Groups catered for: 0-1 1-2 2-3 3-4 4-5 (Circle as many as appropriate)

#### PERSONAL INFORMATION – this information will not be included on the ACT Playgroups Website

**Regular Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

Suburb & State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Email (if different from above): \_\_\_\_\_

Preferred email address to receive information from ACT Playgroups: Website email  **OR** Personal email

I understand that my first name, phone number and/or email address may be given to members of the public requesting assistance with locating a playgroup.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Second Contact person:** \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_