



## Occasional Child Care Australia Membership Application Form

Thank you for your application for membership.

To ensure we are able get all information to you we ask if you could please fill out the below questions.

Thank you  
OCCA committee

### Service Membership:

Service name: \_\_\_\_\_

Service phone: \_\_\_\_\_

Service address: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact name: \_\_\_\_\_

Opening hours: \_\_\_\_\_ CCB/CCR approved **YES/ NO**

Licensed number of children: \_\_\_\_\_ Fees Charged: \_\_\_\_\_

In-scope or out-of-scope Is your service implementing NQF? **YES / NO**

### Individual Membership:

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

Phone number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Linked to service: \_\_\_\_\_

Would you like to find out more information about reference groups within your state or territory?

**YES / NO**

Would you like more information about OCCA management committee? **YES / NO**

Thank you  
OCCA Management Committee

Po Box 1019, Menai Central NSW 2234

[www.occasional-child-care.com.au](http://www.occasional-child-care.com.au)

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