



## Early Learning Service 2018 Membership Application Form

Centre Name:.....

Address:.....

Suburb:.....State:.....Postcode:.....

Ph:.....Fax:.....Email:.....

Contact:.....

ABN:.....

### Price

**\$50 for an annual membership**

### Payment Details

Enclosed is a cheque

Please mail to PO Box 281 Kogarah 1485

(please circle)

**OR**

Direct credit to Bendigo Bank

BSB 633 000 Account 144157013

(please circle)

**OR**

Please invoice the centre on a 30 day account

(Please circle)