Membership Form 2023

CMSolutions would like to thank you for your membership. As a member, you'll have access to exclusive member benefits and our team of specialists who are here to support you in managing the 'business' of your organisation.

Please complete and return this form to CMSolutions to start making the most of your membership.

Organisation Type

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞎 Childcare | 🞎 Childcare Private  | 🞎 Disability Services/ NDIS  | 🞎 Family Day Care  | 🞎 Kindergarten |
| 🞎 OSHC  | 🞎 Aged Care  | 🞎 P&C Primary/OSHC  | 🞎 P&C Secondary  | 🞎 P&C State College |
| 🞎 Association  | 🞎 Community Org  | 🞎 Sports Club  | 🞎 Social Enterprise / QLD Social Enterprise Council Ltd Referral | 🞎 Other |

Organisation Contact Details

Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ABN / ACN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_

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

Organisation Representatives

We want to make sure our information is reaching the right people:

(Please fill out the contact details for the positions below)

**Nominated Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treasurer**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secretary**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**info@cmsolutions.org.au** **07 3852 5177 / 1300 007 110 www.cmsolutions.org.au**

**Your trusted partner, providing the safety net in the tough times and peace of mind at all times.**

Numbers of Employees

Full Time: \_\_\_\_\_\_\_\_\_ Part Time: \_\_\_\_\_\_\_\_\_ Casual: \_\_\_\_\_\_\_\_\_ Independent Contractors: \_\_\_\_\_\_\_\_\_

**What Awards / Agreements are used within your Organisation?**

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

Your Annual Membership for 2022

Your CMSolutions Membership is calculated on the total number of staff your organisation employs.

Please indicate which membership level is appropriate to your organisation. (Staff numbers are full time equivalent)

Payment can be made by cheque sent by post with this form, we will then send you an invoice, or you can pay by direct deposit (please tick).

* **We have attached a cheque**

 Please return your completed form with payment to:

 **CMSolutions**

 **PO Box 3252,**

 **Newmarket Qld 4051**

🞎 **Please raise an Invoice**

🞎 **Monthly Direct Debit**

Payment will be taken over 10 months

 ($2 monthly fee will apply)

🞎 **We have paid via EFT**

 Community Management Solutions

 BSB: 034-041 Account: 348965

 Reference: (your org name)

 (a tax invoice will be issued on receipt of this form)

|  |  |  |
| --- | --- | --- |
| **No of Staff** | **Membership** | **(Please Tick)** |
|  |
| **0** | **$240** |  | 🞎 |
|  |  |
| **1 – 2** | **$622** |  | 🞎 |
|  |  |
| **3 – 6** | **$750** |  | 🞎 |
|  |  |  |
| **7 – 10** | **$1560** | 🞎 |
|  |  |  |
| **11 - 20** | **$2120** | 🞎 |
|  |  |
| **21 – 50** | **$2835** |  | 🞎 |
|  |  |
| **51 – 99** | **$3545** |  | 🞎 |
|  |  |
| **100 +** | **P.O.A** |  | 🞎 |

🞎 We agree to the Terms & Conditions – Community Management Solutions Membership Policy

**Survey Question:**

What are you most interested

to see from your membership?

🞎 Training (Webinars, Seminars, One-on-One Training Events)

🞎 More visits to Members (Roadshows)

🞎 Access to more Member Benefits

🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

CRM: Username:

Marketing List: Password:

Website: Paid:

New Member: Y/N Member Letter sent:

**Return your membership form to:**

**Email:** info@cmsolutions.org.au

**Post**: CMSolutions, PO Box 3252,

 Newmarket, Qld 4051

www.cmsolutions.org.au