Membership Form 2021

CMSolutions would like to thank you for signing up as a member. 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

☐ Association ☐ Childcare ☐ Childcare Private ☐ Community Org ☐ Disability Services ☐ Family Day Care
☐ Kindergarten ☐ OSHC ☐ P&C Primary ☐ P&C Primary/OSHC ☐ P&C Secondary ☐ P&C Secondary/SC
☐ Sports Club ☐ Other

Organisation Contact Details

Legal Name of Organisation			
Trading Name/Preferred Name		ABN/ACN	
Street Address	Suburb	State	Postcode
Postal Address	Suburb	State	Postcode
Telephone	Fax	Email	
Website Address OR ☐ No Website Yet			

Organisation Representative

We want to make sure our information is reaching the right people: (Please fill out the information below)

Name of Nominated Contact	Telephone	Email
Name of President	Telephone	Email
Name of Treasurer	Telephone	Email
Name of Secretary	Telephone	Email

Membership Form (continued)

Number of Employees

Full Time	Part Time	Casual	Independent Contractors

What Awards / Agreements are used within your organisation?

Your Annual Membership for 2021

Your CMSolutions Membership is calculated on the total number of staff your organisation employs.
Please indicate which membership level is appropriate to your organisation.

Membership level
(staff numbers full time equivalent)

No of Staff	Membership	(Please Tick)
0	$215	☐
1-2	$565	☐
3-6	$680	☐
7-11	$1,240	☐
12-19	$1,685	☐
20-40	$2,250	☐
41-99	$2,815	☐
100+	by negotiation	☐

Payment can be made by cheque sent by post with this form, we can 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**

☐ **We have paid via EFT**
Community Management Solutions
BSB: 034-041 Account: 348965
Reference: (Your Org) Membership
A tax invoice will be issued on receipt of this form

We agree to the Terms and Conditions - Community Management Solutions Membership Policy

SURVEY QUESTION:

What Are You Most Interested To See From Your Annual Membership and Subscription Fees?

- ☐ Original Content (Informative Videos, Infographics, Articles, etc)
- ☐ Training (Webinars, Seminars, One-on-One Training Events)
- ☐ More visits to Members (Roadshows)
- ☐ Access to more Member Benefits
- ☐ Other (Please describe)

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
Fax: 07 3852 5188
Phone: 1300 007 110
www.cmsolutions.org.au

Post:
CMSolutions
PO Box 3252,
Newmarket Qld 4051