

Membership Renewal Form 2022



CMSolutions would like to thank you for renewing 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

- | | | | | |
|--------------------------------------|--|--|--|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Childcare Private | <input type="checkbox"/> Disability Services/ NDIS | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> OSHC | <input type="checkbox"/> P&C Primary | <input type="checkbox"/> P&C Primary/OSHC | <input type="checkbox"/> P&C Secondary | <input type="checkbox"/> P&C State College |
| <input type="checkbox"/> Association | <input type="checkbox"/> Community Org | <input type="checkbox"/> Sports Club | <input type="checkbox"/> 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: _____

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)

No of Staff	Membership	(Please Tick)
0	\$215	<input type="checkbox"/>
1 – 2	\$565	<input type="checkbox"/>
3 – 6	\$680	<input type="checkbox"/>
7 – 10	\$1302	<input type="checkbox"/>
11 – 20	\$1769	<input type="checkbox"/>
21 – 50	\$2363	<input type="checkbox"/>
51 – 99	\$2956	<input type="checkbox"/>
100 +	P.O.A	<input type="checkbox"/>

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)

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