



Thank you for your interest in joining the Early Childhood Council – New Zealand’s largest representative body of independent private - and community-owned early childhood education centres. Please complete this Application form and submit with your payment to:

**The Early Childhood Council** Or **e-mail to admin@ecc.org.nz**  
**P O Box 5649**  
**Wellington 6140**

## Membership Eligibility

To be a Provisional Member of the Early Childhood Council you must be aiming to be licensed by the Ministry of Education as an independent early childhood education centre, privately-owned or owned/governed by a community board within a maximum twelve-month period of joining, at which point the member will move to a full membership.

Is your service:

Privately-owned

Community

## 1. Group Details (list here the contact details of the ownership group)

Group Name:			
Group Contact Person:			
Group Contact Person Title:		Group Contact Person Mobile:	
Group Physical Address:			
Group Postal Address:			
Group Phone:			
Group Contact e-mail:			
Group website:			
Has Resource Consent been Granted?	YES	NO	
Expected Date of Opening?			
Would you like to join our closed owner/manager Facebook group?			Y/N

## 2. Centre Details

Centre Name:			
Centre Contact Person:			
Centre Contact Person Title:		Contact Person Mobile:	

Centre Physical Address:			
Centre Postal Address:			
Centre Phone:			
Centre Contact e-mail:			
Licensed Places:	U2	O2	Total

### Membership Fees



Every new member pays a one-off **New Member Fee** of \$100.00 plus GST (\$115.00 inclusive which cover set-up administration costs.)

### 3. Provisional Membership Subscription

	Annual Subscription	You pay
	\$415.00	\$415.00
+ New Member Fee	\$100.00	\$100.00
	Sub-Total	\$515.00
	Plus 15% GST	\$77.25
	<b>Total to Pay</b>	<b>\$592.25</b>

Need help working out your subscription? E-mail [admin@ecc.org.nz](mailto:admin@ecc.org.nz) or Freephone **0800 742 742** option 1.

### Payment Method

Credit Card Payment				
By Credit Card <input type="checkbox"/>	Please charge my (tick one):  <input type="checkbox"/>  <input type="checkbox"/>			
	<table border="1"> <tr> <td>Expiry Date:</td> <td></td> <td>Name on Card:</td> <td></td> </tr> </table>	Expiry Date:		Name on Card:
Expiry Date:		Name on Card:		
By Internet Banking <input type="checkbox"/>	Account Details: Early Childhood Council			
	Bank Details: ANZ: 06 0956 0700554 01			
	Use Reference + name of centre: ProvSubs			

### For Office Use Only

Receipt Number	Registration Confirmed
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