

QUEENSLAND COMMUNITY SERVICES EMPLOYERS ASSOCIATION

Membership Application/Renewal



Please note that the Associations Incorporation Regulation 1999 requires that the Membership Register be open for inspection by a member who applies to the Secretary to inspect it. Should your organisation need to protect the people to whom it provides services, and thus limit the detail that might be placed on the QCSEA Membership Register, please ensure the following details are sufficient for us to effectively communicate with your organisation.

REGISTERED ORGANISATION NAME: _____

LOCALLY KNOWN NAME (if different from above): _____

BUSINESS ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

Is your organisation a non-profit organisation? YES NO

Is your organisation operating as a Constitutional (Trading) Corporation? YES NO

NOMINATED CONTACT PERSON (*Person authorised to contact Employer Services for general advice*).

Only your organisation's Nominated Contact Person will be given free general IR & HR advice via phone from QCSEA's contracted IR & HR Consultants, Employer Services Pty Ltd.

FULL NAME: _____ **POSITION:** _____

AUTHORISED REPRESENTATIVE (*Person authorised to vote on behalf of the organisation*)

Only your organisation's Authorised Representative may vote or issue a proxy on behalf of your organisation.

FULL NAME: _____ **POSITION:** _____

DECLARATION

Our organisation agrees to be bound by the rules of the Association which are or shall be in force from time to time. Our organisation is an employer in the Community Services Industry in Queensland.

FULL NAME: _____ **POSITION:** _____

SIGNATURE: _____ **DATE:** _____

REPRESENTATION AUTHORITY

I hereby authorise Employer Services Pty Ltd to represent the above organisation in the matter of any award making related process or industrial matters.

FULL NAME: _____ **POSITION:** _____

SIGNATURE: _____ **DATE:** _____

QCSEA ANNUAL MEMBERSHIP FEES

Please tick	Total Annual income range	Membership Fee
(✓)	(based on most recent audited financial statement)	(GST inclusive)
<input type="checkbox"/>	Less than \$100,000	\$127.00
<input type="checkbox"/>	\$100 000.01 to \$250,000	\$254.00
<input type="checkbox"/>	\$250 000.01 to \$500,000	\$381.00
<input type="checkbox"/>	\$500 000.01 to \$1,000,000	\$508.00
<input type="checkbox"/>	\$1 000 000.01 to \$3,000,000	\$635.00
<input type="checkbox"/>	\$3 000 000.01 to \$5,000,000	\$750.00
<input type="checkbox"/>	Over \$5,000,000	\$887.00

SUBSCRIPTION OPTIONS:

Membership fees include electronic subscription to allow you to print multiple copies of information forwarded via the Internet, including regular newsletters which are routinely sent to all member organisations electronically. A copy of your first award is included in the annual fee. Extra awards will attract a \$137.50 fee (includes GST).

Should you require a print subscription an additional fee per award of \$50.00 + GST will be applied. Please consider if you require this option and indicate (✓) Print option.

AWARD REQUIREMENTS: Please indicate which awards and pay rates are required to be serviced.

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Social, Community, Home Care & Disability Services Industry Award 2010
(Modern Award issued to replace the following Awards) | |
| <input type="checkbox"/> | CASH Award | <input type="checkbox"/> |
| <input type="checkbox"/> | Disability Support Workers Award | <input type="checkbox"/> |
| <input type="checkbox"/> | Child Care/Children's Services Award | <input type="checkbox"/> |
| <input type="checkbox"/> | Other/s _____ | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

NUMBERS OF STAFF EMPLOYED *(Add another page if required):*

Position/Category	Full Time	Part Time	Casual	Fixed Term	Temporary	Volunteer

TYPE/S OF COMMUNITY SERVICE THE ORGANISATION DELIVERS:

- | | | | | | |
|--------------------------|---------------------|--------------------------|---------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Mental Health | <input type="checkbox"/> | Homelessness & Housing | <input type="checkbox"/> | Drug & Alcohol |
| <input type="checkbox"/> | Children & Families | <input type="checkbox"/> | Culturally & Linguistically Diverse | <input type="checkbox"/> | Disability |
| <input type="checkbox"/> | Child Protection | <input type="checkbox"/> | Domestic & Family Violence Prevention | <input type="checkbox"/> | Aboriginal & Torres Strait Islander |
| <input type="checkbox"/> | Women's Services | <input type="checkbox"/> | Other/s _____ | | |

PAYMENT OPTIONS *(Please submit this form by post, email or fax at time of your payment – details on front page):*

- | | | |
|--------------------------|------------------------|---|
| <input type="checkbox"/> | Direct Deposit: | BSB: 124-096 Account No: 2014 4380 |
| | | Account Name: Qld Community Services Employers Association Inc. |
| | | Reference: Please use your organisation's name as the reference. |
| <input type="checkbox"/> | Cheque: | Payable to: Qld Community Services Employers Association Inc. |