



Queensland Children's Activities Network (QCAN)
'Excellence in School Age Care for Queensland'

2025 Organisational Membership Application

Service Details (please complete ALL fields)

| | | | |
|---------------------------|--|----------------|--|
| Service Name | | | |
| Nominated Supervisor Name | | | |
| Service Phone | | Service Mobile | |
| Email | | | |
| Street Address | | | |
| Postal Address | | | |

Approved Provider Details

| | | | |
|---------------------------------|--|---------------|--|
| Approved Provider | | | |
| Approved Provider Contact Name | | Position Held | |
| Approved Provider Contact Email | | | |

Service Representative

Name of ONE individual selected to vote on behalf of your organisation (this section must be completed)

| | | | |
|-----------|--|----------|--|
| Name | | Position | |
| Signature | | Date | |

Membership Options

| | |
|---|--|
| Small Service Membership - up to 29 approved places | <input type="checkbox"/> \$ 660.00 excluding GST |
| Regular Service Membership - 30 to 105 approved places | <input type="checkbox"/> \$ 730.00 excluding GST |
| Large Service Membership - over 105 up to 200 approved places | <input type="checkbox"/> \$ 840.00 excluding GST |
| Super Service Membership - over 201 approved places | <input type="checkbox"/> \$ 920.00 excluding GST |

Please return completed form to admin@qcan.org.au

66 Woodend Rd Woodend Q 4305 | Ph. 1300 781 749 | admin@qcan.org.au | www.qcan.org.au | A.C.N. 626 211 925 | A.B.N. 22 156 644 878