



COSA

FDC -INVOICE South Australia

Careproviders of South Australia

*Your FAMILY DAY CARE State Association
Representing you at State and National Meetings*

**RENEWAL DUE DATE
AUGUST YEARLY**

ANNUAL MEMBERSHIP		PAYMENT TERMS - SEE OPTIONS BELOW	INVOICE YEAR
Tax Deductable		Receipt/Membership Card issued on Payment	Keep for taxation

Name: _____ Scheme: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

*Annual Membership is due each year in August.
Your COSA Family Day Care Membership ensures that you
are represented at State and National Level.*

<input type="checkbox"/> I wish to receive my copy of The Educator Planner that is included in membership fee. <input type="checkbox"/> Pick up <input type="checkbox"/> Postage (\$10 additional cost)	MEMBERSHIP	\$25-00
	POSTAGE	
	TOTAL GST FREE	

Cheque or Money Order posted to
P.O. Box 456, INGLE FARM, SA, 5098

Pay over the counter to Bank S.A.
BSB: 105-158
ACCOUNT NO.: 590 773 840
(Please provide your phone number)

Internet transfer
Account Name: Careproviders of SA
BSB: 105-158
ACCOUNT NO.: 590 773 840
(Please add your name in the details box)

POST / EMAIL MEMBERSHIP FORM TO THE TREASURER TO FINALIZE YOUR MEMBERSHIP

Contact Treasurer Juline Dimasi 8465 0397 or COSA at: cosa@live.com