



## MEMBERSHIP APPLICATION 2009/2010

Controlling Body or Head Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

CEO/Managing Director \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### SERVICE DETAILS

Name to be registered for ACQI Membership Records and for mail and information:

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

The ACQI web site will link to both your email and web site.

Denomination: \_\_\_\_\_

(If church based)

No. of Employees: \_\_\_\_\_ No. of Volunteers: \_\_\_\_\_

Region: (Please ensure you fill out this section and specify only one region)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Central Queensland   | <input type="checkbox"/> Pine Rivers/Caboolture | <input type="checkbox"/> Townsville       |
| <input type="checkbox"/> Darling Downs        | <input type="checkbox"/> Sunshine Coast         | <input type="checkbox"/> Wide Bay Burnett |
| <input type="checkbox"/> Far North Queensland | <input type="checkbox"/> Gold Coast             |   |
| <input type="checkbox"/> Gold Coast           | <input type="checkbox"/> South West Queensland  |   |
| <input type="checkbox"/> Mackay               |   |   |

### Newsfax

To receive Newsfax via email, you can register a number of email addresses, please specify below.

Name	Email
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____

Affiliated with



# AGED CARE QUEENSLAND



UNITED IN CARING

Please ensure your contact phone, fax and address details are always kept up to date with the ACQ office.

**Note: If you have a number of sites / facilities, these should all be registered separately. Please use the Registering Additional Sites form included in your membership package.**

When the application has been received an invoice will be forwarded to you. Once payment has been received your application will be forwarded to the ACQ Board for approval.

## FEE SCHEDULE – 2009/2010

	No. of beds/units/packages etc. at facility	Rate* (excl. GST)	Total
HEAD OFFICE – With service provision only		\$312.00	
HIGH CARE (Incl. Respite)		\$38.50	
LOW CARE (Incl. Respite)		\$38.50	
INDEPENDENT LIVING UNITS (Incl. Serviced Apartments)		\$19.45	
INDEPENDENT LIVING UNITS (Accredited) (Incl. Serviced Apartments)		\$17.30	
COMMUNITY AGED CARE PACKAGES		\$17.30	
EACH PACKAGES		\$17.30	
EACHH PACKAGES		\$17.30	
TRANSITION CARE		\$17.30	
OTHER COMMUNITY CARE (please provide detail of total income) Including HACC/DTC/DVA Programs & VHC/NRCP/Estimated turnover privately funded 'fee for service' clients/Other Commonwealth/State recurrent funding)	\$	** .073%	
<b>MINIMUM FEE</b> (where no services yet operational)		<b>\$525.20</b>	
<b>A sliding scale of discounts applies for membership fees totaling over \$5000. Please contact us for more information. Fees are set annually by the Board.</b>			
<b>*Amounts do not include GST</b>		<b>** 0.073 % of total income (Minimum \$172)</b>	

I/we wish to make application for membership of Aged Care Queensland Incorporated.

Signed on behalf of: \_\_\_\_\_

\_\_\_\_\_  
Signature Position Date

**Return completed application to:**  
**CHIEF EXECUTIVE OFFICER**  
**AGED CARE QUEENSLAND INC.**  
**PO BOX 995**  
**INDOOROOPILLY QLD 4068**

OFFICE USE ONLY
Received Date: .....
Board Approval: .....
M/Ship No. ....
Receipt No. ....

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