



Name/Organization:					
Address:					
Phone:					
Email:					
I prefer to receive the newsletter by I	Email	Snail-mail			
Individual Membership - \$75 - Check one		P	ayment Method	1	
Family Child Care Provider		Amount Enclosed:	_		
Group Family Child Care Provider		Check #			
Group Family Child Care Assistant		MC/Visa #	E	хр	Vcode:
Legally Exempt Child Care Provider		Signature:			
Individual - Community or Center Staff	f				
Child Care Council - CACFP Provider M	embersl	hip - \$50			
Center Membership - Check one					
□ \$200 staff of 1-10	Licensed Child Care Center				
□ \$300 staff of 11-20	School Age Program				
□ \$400 staff of 21-30	Legally Exempt Group Program				
\$500 staff of more than 30	Nursery School				
Please list names of current staff on a sepa	arate she	eet and attach and notify regard	ling changes.		

(note: Benefits applicable to all current staff members with the exception of the pin and special gift)

Child Care Council Membership Benefits

- \Rightarrow 20% discount on purchases at the Repurpose and More Store
- \Rightarrow 20% discount on Print Shop orders
- \Rightarrow 20% discount on Council classes listed in the Course Calendar (EXCEPT CDA)
- \Rightarrow 20% discount on donation for use of Council meeting rooms
- \Rightarrow Discount on myMAX Program Fee
- \Rightarrow Free notary services
- \Rightarrow Loan privileges from the Early Childhood Professional Library
- \Rightarrow Membership Pin
- \Rightarrow Special gift selection