

## Membership Form

Organization \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## Membership Category

△ Group Family Child Care Provider  
(One site up to 3 staff members)  
\$50.00

△ Center Based  
\$4.00 x (# of children)= \$ \_\_\_\_\_  
All employees in program \$4 per  
child/licensed capacity up to max. \$500  
o Early Childhood Center  
o Nursery School  
o Pre-K Program  
o School Age Program

△ Family Child Care Provider  
(Applicant plus one staff member)  
\$40.00

△ Individual  
\$40.00  
o Non-Profit Employee  
o Other (Parent, Supporter, etc.)

## 2015 Membership Benefits

**Membership is valid  
January 1st-December 31st**

- \* Listing on our website, including a link to your website
- \* Free postings on the Council's job bank
- \* Membership certificate for your site to post
- \* Printed Council Training Calendar
- \* Free access to the Council's Children's Resource Corner
- \* Early announcements of special programs and opportunities
- \* Free Notary Public Services
- \* Invitation to attend free member only networking meetings
- \* Complimentary Council 2015 Calendar
- \* Participation in our membership referral program
- \* Invitation to attend exclusive member only annual events

## Payment Options:

△ Check/Money Order (payable to Child Care Council)

△ Mastercard

△ Visa

△ American Express

Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (PRINT) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

## Additional Staff Covered Under Membership

(if applicable)

Group Family Child Care Provider

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Family Child Care Provider

1. \_\_\_\_\_

For more information

Contact:

Juanita Pope at

914-761-3456 ext. 106

