



**Membership Application
September 2009 – August 2010**

Please print and complete all information. This information is only for the use of CCLCCA and will not be shared with any other group, organization, or person.

Name _____

Address _____

City _____ Zip _____

Phone number _____

E-mail address _____

Birthday month _____

Number of years as a licensed provider _____ Number of years as a member of CCLCCA _____

County in which you are licensed _____

WEBSITE

Do you want to be listed on the CCLCCA website as a provider in your area? Yes No

If you choose to be listed on the website, you will be listed only in the town in which you live.

If you wish to be listed on the website, you may also include a brief statement about your child care business, such as your child care business name, days of operation, license category, or whatever information you would like parents searching for child care to know. Please print the statement below, exactly as you would like it on the website.

Would you like to link your own personal page to our website? Yes No

Please indicate your website address _____

MEMBERSHIP DUES

Membership dues are non-refundable and are payable to CCLCCA. Memberships run from September through August.

1 year - \$40.00

Membership forms and dues may be brought to the monthly trainings or mailed to: Nikki Aslakson, CCLCCA, 1135 Nuthatch Drive, Waconia, MN 55387

CCLCCA Only: Treasurer _____ Website _____ Membership _____