



*\$5.00 OFF your membership if postmarked by 08/14/2019.*

**Membership Application**  
**08/01/2019 - 07/31/2020**

**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 \_\_\_\_\_

➤ **EMAIL ADDRESS** \_\_\_\_\_

*(Your email address will be CCLCCA's way of communicating and informing you about child care information and trainings. If you want another way to be contacted please specify on the email line.)*

Number of years as a licensed provider \_\_\_\_\_ Number of years as a member of CCLCCA \_\_\_\_\_

County in which you are licensed \_\_\_\_\_

Your Birthday \_\_\_\_\_

Individual Develop ID# \_\_\_\_\_

➤ **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.

Name of your childcare business: \_\_\_\_\_

Name of provider or providers: \_\_\_\_\_

City where childcare is located: \_\_\_\_\_

Phone number to be reached: \_\_\_\_\_

Email address to be reached: \_\_\_\_\_

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 August through June.

**1 year - \$45.00.**

Membership forms and dues may be brought to the monthly trainings or mailed to:

**CCLCCA, P.O Box 185 Waconia, MN 55387**

CCLCCA Only: Treasurer \_\_\_\_\_ Website \_\_\_\_\_ Membership \_\_\_\_\_  
Date Received \_\_\_\_\_  
Check # \_\_\_\_\_