



\$10.00 OFF your membership if postmarked by 09/8/2020

**Membership Application
08/01/2020 - 07/31/2021**

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 _____

Please indicate if you would consider volunteering for CCLCCA when situations arise. YES/NO

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 July.

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 # _____