



Membership Application

08/01/2022 - 07/31/2023

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 _____

NAME OF CHILDCARE BUSINESS _____

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# _____

Would you be interested in joining our Facebook group for Zoom links and more? YES/NO

Name on Facebook _____

Venmo Username _____

➤ **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.*

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 - \$60.00

Membership forms and dues may be

- brought to the monthly trainings
- sent via Venmo and email
- mailed to: **CCLCCA, P.O Box 185 Waconia, MN 55387**

Carver County Licenced
Childcare Association

@CCLCCA



CCLCCA Only: Treasurer _____ Website _____
 Membership _____
 Date Received _____
 Check # _____