Manitoba Child Care Association

FAMILY CHILD CARE PROVIDER MEMBERSHIP APPLICATION

Membership Category:

- **Family Child Care Provider** - Licensed Family Child Care Provider

Receipts will be issued for your dues in February for the preceeding membership year

Membership Fees and Payment Options:

☐ $ 11.66 Monthly (Pre-Authorized Payments)

Member Information: PLEASE PRINT IN BLOCK LETTERS

Name: _____

Address: _____

City: _____ Province: _____Postal Code: _____

Home Phone: _____ Fax: _____

Work Phone: _____ E-Mail: _____

Classification: Circle one if applicable: ECE II ECE III

Facility # _____ Date of License: _____

Is this a group child care home? YES NO

Will you be enrolling in MCCA's:

HealthSource Plus YES NO

Liability Insurance Program YES NO

Membership fees are non-refundable

Region:

☐ Thompson
☐ Eastman
☐ Central
☐ Interlake
☐ Norman
☐ Parklands
☐ South Central
☐ Westman
☐ Winnipeg

☐ New
☐ Previous

MCCA # _____

Payment:

☐ Pre-Authorized Monthly Withdrawal

* You must fill out a Electronic Fund Transfer Authorization Form

Are you interested in volunteering on any of the MCCA committees? If so, what is your area of interest?

_____

I agree with and support the mission of the Manitoba Child Care Association:

_____

signature Required

read MCCA's Mission Statement go to www.mccahouse.org

For our statement on protection of members personal information please go to our website at www.mccahouse.org

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