



INDIVIDUAL MEMBER APPLICATION

Membership Categories : (Please check one)

Membership Fees:

Professional - Any person classified as an ECE II or III employed in a child care centre. The membership year is from January 1 - December 31.

- \$198.00 Full Time** (working 25 hrs. per week or more)
 \$114.00 Part Time (working 25 hrs. per week or less)

Child Care Assistant - Any person not classified as an ECE II or III employed in a child care centre or employed by members who are licensed family child care providers. The membership year is from January 1 to December 31.

- \$102.00 Full Time** (working 25 hrs. per week or more)
 \$ 66.00 Part Time (working 25 hrs. per week or less)

Student - Students enrolled in an educational program for more than 20 hours per week or 60% of a full-time program. The MCCA student year is from September 1 to August 31.

- \$ 40.00 Student** (Must be enrolled more than 20hrs. per week or 60% of a full time program.)

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

Member Information: (Please print clearly)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Fax: _____

E-Mail: _____

Classification: Circle applicable: CCA ECE II ECE III

Place of Employment/Place of Study: _____

Eligible date of Membership: _____

Membership fees are non-refundable

Region:

- Thompson
 Eastman
 Central
 Interlake
 Norman
 Parklands
 South Central
 Westman
 Winnipeg

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

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

Signature Required

Payment: Please check one of the payment options below.

- Cheque Credit Card
 Payroll Remittance (Professional & CCA members only)

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

- New
 Previous
 MCCA # _____

Cheque # _____

Amount _____

There is a \$15.00 processing fee for all NSF cheques.

Credit Card Information: _____

Card Holder Name: _____

Expiry Date: _____ / _____ Card Number: _____

Signature Of Cardholder: _____

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