MANITOBA CHILD CARE ASSOCIATION
2nd Floor 2350 McPhillips Street Winnipeg, MB R2V 4J6
PH: (204) 586-8587 FAX: (204) 589-5613 Toll Free: 1-888-323-4676
Visit us online at www.mccahouse.org to view MCCA's Privacy Policy Statement on protection of members personal information.

FOR OFFICE USE ONLY:

Date Received: _____

Cheque Number: _____

Amount: _____

Entered: _____

QUARTERLY MEMBERSHIP REMITTANCE FORM 2010

JAN 1ST (Jan/Feb/Mar) _____ **APR 1ST(Apr/May/June) _____**

JULY 1ST(July/Aug/Sept)__ _____ **OCT 1ST(Oct/Nov/Dec) _____**

(quarterly fees are due in advance – 1st week of the new quarter

Centre Name _____ **MCCA #** _____

Phone _____ **Fax** _____ **Email** _____

FULL TIME – working 25 or more hours per week PART TIME – working less than 25 hours per week **Member Name**	MCCA MEMBER #	Indicate E-Enrolled TM-Terminated T-Transferred	Health Source Plus		ECE II/III		CCA	
					Full Time	Part Time	Full Time	Part Time
					ECE II/III	ECE II/III	CCA	CCA
			Y	**N**	**$52.00 /qtr.**	**$31.00 /qtr.**	**$28.00 /qtr.**	**$19.00 /qtr.**
				Sub Totals	$0.00	$0.00	$0.00	$0.00
							Total Remittance	$0.00

PLEASE NOTE: If you have new staff or staff are no longer employed at the centre, please send in the documentation as listed below:

☐ Change of Information enclosed ☐ New Member Application enclosed

*****PLEASE PHOTOCOPY THIS FORM FOR FUTURE USE***

Or

**You can find this form and others on our website at www.mccahouse.org and go to "Join the MCCA"

Revised December 7, 2009