Manitoba Child Care Association
2nd Floor, 2350 McPhillips Street, Winnipeg, MB R2V 4J6
Phone: 586-8587 Fax: 589-5613 Toll Free: 1-888-323-4676
Email: info@mccahouse.org 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: _____

MEMBERSHIP REMITTANCE FORM

FOR THE QUARTER OF

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

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

Fees are due in advance. Please remit by the 1st week of the new quarter.

NAME OF CENTRE: _____ **MCCA #:** _____

PHONE #: _____ **FAX #:** _____ **EMAIL:** _____

Full Time - working 25 or more hours per week	MCCA	GWL		ECE II / III		Child Care Assistant	
Part Time - working less than 25 hours per week	Member	Insurance		Full Time	Part Time	Full Time	Part Time
	Number	Yes	No	**$48.00**	**$27.00**	**$24.00**	**$15.00**
Subtotal				**(a)**	**(b)**	**(c)**	**(d)**

☐ Change of Information enclosed

☐ New Member Application enclosed

For Statistical Purposes:
Do you have an exemption to proportion of trained staff because you can't recruit ECE II's/III's ____Yes ____No
If yes, how many do you need to hire? _____

TOTAL REMITTANCE: ADD a+b+c+d **$**_____

Name of Director:_____

I certify that my employees not on the Great West Life Group Benefits Plan do not meet the eligibility criteria of the Plan.

Rev 07/11/05