



### Membership Category:

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

*Receipts will be issued in February for the preceding membership year*

*Membership fees are non-refundable*

### Membership Fee:

\$ 150.00 - Annual

\$ 12.50 - Monthly

### Member Information: PLEASE PRINT IN BLOCK LETTERS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_ 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:

Group Benefits Plan:       YES       NO

Liability Insurance Program:       YES       NO

### Region:

Thompson

Eastman

Central

Interlake

Norman

Parklands

South Central

Westman

Winnipeg

New

Previous

MCCA # \_\_\_\_\_

### Payment:

Credit Card       Cheque # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Pre-Authorized Monthly Withdrawal      \* For pre-authorized:  
you must fill out an Electronic Funds Transfer Form

\*\* There is a \$25.00 NSF fee for all returned payments by cheque or EFT

\*\* Prorated amount: (\$12.50/month - multiplied by the number of months left in the current year)

For Office Use Only

EFT entered: \_\_\_\_\_

Paid: \_\_\_\_\_

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

\_\_\_\_\_

*\*signature required*

Read MCCA's Mission Statement at [www.mccahouse.org](http://www.mccahouse.org)

Credit Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV # \_\_\_\_ Postal Code \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**For our statement on protection of members personal information please go to our website at [www.mccahouse.org](http://www.mccahouse.org)**

**Manitoba Child Care Association**, 2nd Floor 2350 McPhillips Street, Winnipeg, Manitoba, R2V 4J6  
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