

LICENSED FACILITY APPLICATION

This form is available in alternate formats upon request or if require assistance filling out the form, please contact info@mccahouse.org

Select Membership Category:				
<input type="checkbox"/> Centre/Nursery School	<input type="checkbox"/> Annual Full time	\$220.00	<input type="checkbox"/> Annual Part time	\$130.00
<input type="checkbox"/> Family Child Care Provider	<input type="checkbox"/> Single		<input type="checkbox"/> Annual	\$160.00
	<input type="checkbox"/> Group		<input type="checkbox"/> Quarterly	\$180.00 (four \$45.00 installments)

Applications submitted mid-year will pay a pro-rated amount.

Receipts will be issued for membership dues in February for the preceding membership year upon request. Membership fees are non-refundable.

Member Information: PLEASE PRINT

<p>Name of Facility/Family Child Care Provider: _____</p> <p>Mailing Address: _____</p> <p>City: _____ Prov: _____ Postal Code: _____</p> <p>Email: _____</p> <p>Child Care Bridges: <input type="checkbox"/> Digital Copy <input type="checkbox"/> Paper Copy</p> <p>Executive Director (if applicable): _____</p> <p>Facility Number: _____</p> <p>This facility pays for the staff that are MCCA members (check if applicable): <input type="checkbox"/> Full Membership fees <input type="checkbox"/> Share fees with employees <input type="checkbox"/> Staff pay for their membership</p> <p>Will you be enrolling in MCCA's: <input type="checkbox"/> Group Benefits <input type="checkbox"/> Liability Insurance Program</p>	<p>Region:</p> <p><input type="checkbox"/> Thompson</p> <p><input type="checkbox"/> Eastman</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> Interlake</p> <p><input type="checkbox"/> Norman</p> <p><input type="checkbox"/> Parklands</p> <p><input type="checkbox"/> South Central</p> <p><input type="checkbox"/> Westman</p> <p><input type="checkbox"/> Winnipeg</p>
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I agree with and support the mission of the Manitoba Child Care Association: _____

Signature Required

To read MCCA's Mission Statement and statement on protection of members personal information go to www.mccahouse.org

<p>PAYMENT OPTIONS:</p> <p><input type="checkbox"/> Cheque Number: _____ Amount: _____</p> <p><input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa / <input type="checkbox"/> Mastercard</p> <p>Name on Card: _____</p> <p>Card #: _____</p> <p>Expiry: ____ / ____ CVV # _____</p> <p><input type="checkbox"/> Etransfer to finance@mccahouse.org Date sent: _____</p> <p><i>*Please indicate invoice number in the comments/memo box</i></p> <p><input type="checkbox"/> EFT (FCCP QUARTERLY ONLY)</p> <p><i>*Please attach EFT form</i></p> <p><input type="checkbox"/> Cash Amount: _____</p> <p><i>There is a \$25.00 processing fee for all NSF cheques.</i></p>	<p>OFFICE USE ONLY:</p> <p>Date Received: _____ Amount: _____</p> <p>_____</p> <p>Date Confirmation of License Received: _____</p> <p>_____</p> <p>MCCA Number: _____</p> <p>_____</p> <p>Authorized by: _____</p>
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