



ASSOCIATE MEMBERSHIP APPLICATION

Membership Category:

- **Associate Member** - Any person, group or agency supportive of the MCCA's goals, not eligible for membership under any other membership category

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

Membership Fees & Payment Options:

- \$116.00 Annual (See payment box below)
- \$ 9.66 Monthly (Pre-Authorized Payments)

Member Information: PLEASE PRINT IN BLOCK LETTERS

Name: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Fax: _____

Work Phone: _____

E-Mail: _____

Membership fees are non-refundable

Region:

- Thompson
- Eastman
- Central
- Interlake
- Norman
- Parklands
- South Central
- Westman

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

Signature Required

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

- New
- Previous

MCCA # _____

Payment: Please check one of the payment options below.

- Cheque Pre-Authorized Monthly Withdrawal
- Credit Card * You must fill out a Electronic Fund Transfer Authorization Form

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

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