



FAMILY CHILD CARE PROVIDER MEMBERSHIP APPLICATION

Membership Category:

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

Membership Fee:

- \$ 150.00 - Annual
- \$ 12.50 - Monthly

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

Membership fees are non-refundable

Member Information: PLEASE PRINT IN BLOCK LETTERS

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Fax: _____

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 Pre-Authorized Monthly Withdrawal

* You must fill out an Electronic Fund Transfer Form

- Cheque

(\$11.67/month - multiplied by the number of months left in the current year)

For Office Use Only

EFT entered: _____

Annual 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

For our statement on protection of members personal information please go to our website at www.mccahouse.org

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