

**TEXAS LICENSED CHILD CARE ASSOCIATION.
A GROUP OF EARLY CARE AND EDUCATION
PROFESSIONALS WHO SHARE COMMON
INTERESTS, A DESIRE FOR PROFESSIONAL
DEVELOPMENT, AND AN EAGERNESS TO
PROMOTE THE HEALTH AND SAFETY OF
CHILDREN IN TEXAS.**

Enjoy the benefits of membership at both the state and local level:

- Professional, experienced state and national lobbyist.
- Local, state and national regulatory impact.
- Collective voice in Austin.
- National property & casualty insurance programs.
- Employee insurance program.
- Discounts at local and state conferences and training sessions.
- E-mail updates and newsletters.
- Industry vendor discounts.
- Local affiliate networking.
- Monthly training events.



Membership Application

- \$1,000.00 Corporate Membership:** Full benefits of TLCCA membership, one seat on state board including voting privileges; state and local affiliate membership; all TLCCA correspondence; discounts on TLCCA training events, and much more!
- \$175.00 State/School Membership:** Full benefits of TLCCA membership for one school, including voting privileges for one; state and local affiliate membership; all TLCCA correspondence; discounts on TLCCA training events, and much more!
- \$75.00 Individual/Student Membership:** State and local affiliate membership for one person; all TLCCA correspondence; discounts on TLCCA training events, and much more!
- \$200.00 Vendor Membership:** TLCCA membership and discounted exhibitor space at all TLCCA training events.

Please enroll me in the following TLCCA Affiliate:

- Fort Worth North Dallas Austin _____

Name: _____

Center Name: _____

Full Business Address: _____ City _____ Zip _____

Business Phone #: _____ Home Phone #: _____

E-mail Address: _____ Fax #: _____

How did you hear about TLCCA? Website Conference Brochure Affiliate Meeting Other

Licensed Capacity: _____ Ages Served: _____ For Profit Nonprofit

Full-Time Staff: _____ # Part-Time Staff: _____

- NECPA NAEYC NAC (NACCP) CDA TRS/TSR CCP

Method of Payment

- Check made payable to TLCCA Visa MasterCard American Express

Account #: _____ Security Code: _____ Exp. Date: _____

Name on Account: _____

Billing Address of Account: _____ City: _____ Zip: _____

Signature: _____

Join online at tlcca.org or mail your completed form to the address shown below.

Address: TLCCA, PO Box 136836, Ft Worth, TX 76136 **Phone:** (972) 955-8917