Membership Form

Organization _____

Name _____

Title _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Website _____

Membership Category

- ☐ Group Family Child Care Provider
  (One site up to 3 staff members) $50.00
- ☐ Center Based
  - ○ Early Childhood Center
  - ○ Nursery School
  - ○ Pre-K Program
  - ○ School Age Program

  $4.00 x (# of Children) = $ ____
  All employees in program $4 per child/licensed capacity up to max. $500
- ☐ Family Child Care Provider
  (Applicant plus one staff member) $40.00
- ☐ Individual $40.00
  - ○ Non-Profit Employee   ○ Other

2018 Membership Benefits

Membership is valid January 1 - December 31

- Discounted calendar trainings & on-site trainings
- Listing on our website, including a link to your website
- Free postings on the Council's job bank
- Membership certificate for your site to post
- Printed Council Training Calendar
- Early announcements of special programs & opportunities
- Free Notary Public Services
- Invitation to attend free member only networking meetings
- Complimentary Council 2017 calendar
- Participation in our membership referral program
- Invitation to attend exclusive member only annual events
- Discount off Lakeshore orders

Mail completed form with payment to:
The Child Care Council of Westchester
313 Central Park Ave, Suite 4
Scarsdale, NY 10583
or fax to (914)855-1110
www.childcarewestchester.org

For more information contact Juanita Pope at
914-761-3456 ext. 106 or JuanitaP@cccwny.org

Additional Staff Covered Under Membership

(if applicable)

Group Family Child Care Provider
1. _____
2. _____
3. _____

Family Child Care Provider
1. _____

Payment Options

- ☐ Check/Money Order (payable to Child Care Council
- ☐ MasterCard   ☐ Visa   ☐ Amex

Number _____
Exp. Date ____/____/____   CRV____

Billing Address _____
City _____   State _____
Zip _____
Amount $_____
Signature _____