

Are you ready to save big on New York State required trainings?

**50% Off** Council Membership!  
New rates below so join now!

Did you know that one program saved over \$300 in training costs by becoming a member in 2016?

## Mid-Year 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)  
\$25.00

△ Center Based  
oEarly Childhood Center  
oNursery School  
oPre-K Program  
oSchool Age Program  
\$2.00 x (# of children)= \$ \_\_\_\_\_  
All employees in program \$2 per  
child/licensed capacity up to max. \$500

△ Family Child Care Provider  
(Applicant plus one staff member)  
\$20.00

△ Individual  
\$20.00  
oNon-Profit Employee  
oOther (Parent, Supporter, etc.)

## 2017 Membership Benefits

**Membership is valid  
July 1- December 31st**

- \* **Discounted calendar trainings and 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**
- \* **Free access to the Council's Children's Resource Corner**
- \* **Early announcements of special programs and 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**

Mail completed form with payment to:  
The Child Care Council of Westchester  
313 Central Park Avenue, Ste 4, Scarsdale, NY 10583  
Or fax to (914)885-1110

## Payment Options:

△ Check/Money Order (payable to Child Care Council)

△ Mastercard

△ Visa

△ American Express

Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CRV \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Amount \$ \_\_\_\_\_

## Additional Staff Covered Under Membership (if applicable)

Group Family Child Care Provider

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Family Child Care Provider

1. \_\_\_\_\_

For more information

Contact:

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