

2012 MEMBERSHIP APPLICATION

Our new simplified dues structure allows owners with multiple centers to join at one low rate.

APPLICANT INFORMATION

Name of Center:		
E-mail:	Phone:	Fax:
Mailing Address:		
City:	State:	ZIP Code:
Director/Owner:	<input type="checkbox"/> Nonprofit <input type="checkbox"/> For profit	Accredited by: <input type="checkbox"/> NECPA <input type="checkbox"/> NAEYC Other: _____

So that we might better represent our members, for each of your centers, please list:

Center Name	City	Licensed Occupancy	Number of Staff
#1.			
#2.			
#3.			
#4.			

VENDOR MEMBERSHIP DUES

Business Name:	
Address:	Phone:
E-mail Address:	Web Address:
Nature of Business:	
Sentence describing business for web:	
Do you wish to be linked from our website? <input type="checkbox"/> NO <input type="checkbox"/> YES	Promotions/discounts offered to NJCCA member. <input type="checkbox"/> NO <input type="checkbox"/> YES

- | | |
|--|----------------------|
| <input type="checkbox"/> Child Care Center Dues (January to December) total occupancy of less than 100 children..... | \$99.00/year |
| <input type="checkbox"/> Child Care Center Dues (January to December) total occupancy between 100 and 200 children..... | \$199.00/year |
| <input type="checkbox"/> Child Care Center Dues (January to December) total occupancy above 200 children..... | \$299.00/year |
| <input type="checkbox"/> Affiliate Vendor Member (January to December)..... | \$350.00/year |
| <input type="checkbox"/> Non-Profit Affiliate Member (January to December)..... | \$75.00/year |
| <input type="checkbox"/> Student Member (January to December)..... | \$30.00/year |

PAYMENT INFORMATION

Enclosed is a check for \$ _____				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	V Code:	Exp. Date:	Card #:
Name:			Company:	
Address:			Phone:	
Fax:			E-mail:	

SEND YOUR COMPLETED MEMBERSHIP FORM, ALONG WITH PAYMENT TO:

NJCCA • P.O. Box 187 • Colonia, NJ • 07067

*Membership information will be shared with affiliate members only.