

CHILD CARE COUNCIL OF WESTCHESTER 2012 MEMBERSHIP FORM

To become a member, simply check the appropriate category below and mail or fax the form to: Child Care Council of Westchester, Inc., 313 Central Park Avenue, Scarsdale, NY, 10583; Fax: 914-761-1957. Please make checks payable to: **Child Care Council of Westchester, Inc.** The membership year runs from Jan. 1 – Dec. 31, 2012. Be sure to hold on to your Membership Card!



MEMBERSHIP CATEGORIES (Please check your category):

_____ Group Family Child Care Provider (one site, up to 3 staff)..... \$50

_____ Center-Based Program(\$4 per child/lic. capacity up to max of \$500; covers all employees of program)

Early Childhood Center

Nursery School

Pre-K Program

School Age Program

_____ Individual.....\$40 (covers applicant only)

Family Child Care Provider

Non-Profit Employee

Other: _____

For more information contact: Shamika West at (914) 761-3456, x 111.

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Check Amount: \$ _____ Please charge our Visa MasterCard (circle one)

Card # _____ Expiration date _____

Name as it appears on card _____

Billing address _____

City _____

State _____ Zip _____

Signature: _____

