

# CHILD CARE COUNCIL OF WESTCHESTER 2010 MEMBERSHIP FORM

To enroll, simply check the appropriate membership 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. Checks should be made out to: **Child Care Council of Westchester, Inc.** The membership year runs from Jan. 1 – Dec. 31, 2010. Hold on to your Membership Card!



**MEMBERSHIP CATEGORIES:**

Individual/Family Child Care Provider ..... \$40  
 Group Family Child Care Provider..... \$50  
 Center-Based Program .....\$4 per child/licensed or registered capacity:  
 \$4 x \_\_\_\_\_ children = \$\_\_\_\_\_ (Maximum of \$500)

**For more information contact: Mae Pleasant at (914) 761-3456, x106.**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**MEMBERSHIP TYPE:**

\_\_\_\_ Individual      \_\_\_\_ Family Child Care      \_\_\_\_ Group Family Care  
 \_\_\_\_ Nursery School      \_\_\_\_ Early Childhood Center      \_\_\_\_ School Age Program  
 \_\_\_\_ Early Childhood Center/School Age Program

Check Amount: \$\_\_\_\_\_ Please charge our  Visa  MasterCard  
(Circle one)

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Card name \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_

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

Signature: \_\_\_\_\_

