



2021 Membership Form

We're currently offering a reduced membership rate in 2021! We want to support more programs with valuable resources, discounts on trainings, learning opportunities, business owner skills and to support our official mission to provide quality early care and education.

Organization _____

Name _____

Title _____

Address _____

City _____

State _____ **Zip Code** _____

Phone _____

Email _____

Website _____

Please note: If this form is for a registered or licensed program the director or provider name should be listed above.

Membership Category

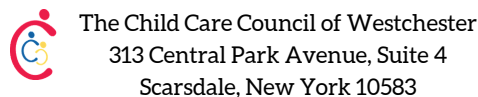
<input type="checkbox"/> Group Family Child Care Provider \$20.00 (One site up to 3 staff members)	<input type="checkbox"/> Family Child Care Provider \$10.00 (Applicant plus one staff member)
1. _____	1. _____
2. _____	<input type="checkbox"/> Individual \$10.00
3. _____	<input type="radio"/> Non-Profit Employee <input type="radio"/> Other (parent, supporter, etc.)
<input type="checkbox"/> Center Based (All employees in program)	<input type="checkbox"/> Organization \$50.00
<input type="radio"/> Early Childhood Center	
<input type="radio"/> Nursery School	
<input type="radio"/> Pre - K Program	
<input type="radio"/> School Age Program	

\$2 x # of licensed capacity _____

Payment Options

<input type="checkbox"/> Check/Money Order (Payable to the Child Care Council of Westchester)	Billing Address _____
<input type="checkbox"/> Credit Card <input type="radio"/> Mastercard <input type="radio"/> Visa <input type="radio"/> Amex	City _____
Card Number _____	State _____ Zip Code _____
Exp. Date ____ / ____ / ____ CVV _____	Signature _____
Amount _____	

Mail completed form and payment to:



Register Online: www.childcarewestchester.org
or fax to: (914) 885 - 1110