



# 2024 Membership Form

*(Please note that membership is for the current calendar year.)*

Organization \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Group Family Child Care Provider \$50.00**  
*(Applicant plus two staff members)*

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

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

**Family Child Care Provider \$40.00**  
*(Applicant plus one staff member)*

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

**Center Based**  
*(Covers all employees in program)*

- Early Childhood Center
- Nursery School
- Pre-K Program
- School Age Program

**Individual \$40.00**  
 Non-Profit Employee  Other  
*(parent, supporter, etc.)*

**\$4.00 x # of licensed capacity** \_\_\_\_\_

\$4 per child at licensed capacity up to \$300 max. Multi-program rates available. For more information, contact Juanita Pope at [juanitap@cccwny.org](mailto:juanitap@cccwny.org).

## Payment Options

**Check/Money Order**  
*(Payable to the Child Care Council of Westchester)*

**Credit Card**  
 MasterCard  Visa  Amex

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Amount \_\_\_\_\_

**Billing Address**

\_\_\_\_\_

City \_\_\_\_\_

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

Signature \_\_\_\_\_

**\*Your payment information is safe and secure. For questions about payments to the Council, please contact our finance office at 914-761-3456 x163.**

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