

Ventura County Child Care Association

Year 2017 – Membership Form

Annual dues are \$65 per calendar year



PLEASE PRINT YOUR INFORMATION BELOW

This form must accompany your check

In Accordance with our By-Laws Article 3 – Membership ~ Section 4 – Dues

B) Licensed providers renewing membership shall remit dues by the January meeting. Dues paid on or before the January meeting shall be discounted by 10%. (\$58.50) *Renewing memberships not paid by January 31st shall be considered lapsed; no longer receiving benefits of membership. (11/11)*

Name of Provider: _____ Facility Name: _____

Street Address: _____ City: _____ Zip Code: _____

Contact Phone:(_____) _____ **State Facility Lic. No.:** _____

Website: _____ **E-Mail Address:** _____

Capacity: _____ Hours: _____ Part-Time/Drop In Care: _____ Weekend Care? _____

Vacancies: _____ Ages Preferred: _____ Do You Take Infants: _____ Preschool Program: _____

Before/After School Care: _____ Transportation: _____ CDR/Subsidized Payment: _____

Bilingual Language: _____ Nearest Area Schools: _____

Additional Info: _____ Birthday Month: _____

SUGGESTED MEETING TOPICS / SPEAKERS: _____

Would you like to be listed as a member on our WEBSITE for **DIRECT PARENT CONTACT?**

Yes, please include my FIRST NAME/LAST INITIAL, PHONE, EMAIL & WEBSITE ADDRESS as above.

NO, I DO NOT WISH TO BE LISTED ON THE VCCCA WEBSITE

As a Member of the Ventura County Child Care Association

A VALID E-MAIL ADDRESS IS REQUIRED

- *I understand that quarterly newsletters and other communication will be submitted by e-mail only and listed on our website. All time-sensitive bulletins will be sent via email-blasts.*
- *I understand that General Meetings will be held the third (3rd) Tuesday of Jan. April, July, and Oct.*
- *I understand that it is my responsibility to keep my VCCCA Website information current and accurate as parents will be able to contact me via e-mail directly.*
- *I agree to be responsive to all inquiries, either by e-mail or phone, in a timely manner and always refer back to VCCCA if I am unable to accommodate a child care request. Support Our Members!*

→ **NEW MEMBERS:** Please attach a copy of State Facility License

Print and Mail completed form along with your check payable to VCCCA:

VCCCA c/o Treasurer
5235 Mission Oaks Blvd. Ste. 343
Camarillo, Ca. 93012

VISIT and USE OUR WEBSITE AT: www.VenturaCountyChildCare.com