



# ASSOCIATE MEMBERSHIP APPLICATION

## Membership Category:

- **Associate Member** - Any person, group or agency supportive of the MCCA's goals, not eligible for membership under any other membership category

*Receipts will be issued for your dues in February for the preceeding membership year*

## Membership Fees & Payment Options:

- \$106.00 Annual (See payment box below)
- \$ 8.83 Monthly (Pre-Authorized Payments)

### Member Information: Please print clearly

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Membership fees are non-refundable**

### Region:

- Thompson
- Eastman
- Central
- Interlake
- Norman
- Parklands
- South Central
- Westman

I agree with and support the mission of the Manitoba Child Care Association: \_\_\_\_\_  
 Signature Required

**To read MCCA's Mission Statement go to [www.mccahouse.org](http://www.mccahouse.org).**

- New
- Previous

MCCA # \_\_\_\_\_

### Payment: Please check one of the payment options below.

- Cheque
- Credit Card
- Pre-Authorized Monthly Withdrawal  
\* You must fill out a Electronic Fund Transfer Authorization Form

Are you interested in volunteering on any of the MCCA committees? If so, what is your area of interest?  
 \_\_\_\_\_

Cheque # \_\_\_\_\_

Amount \_\_\_\_\_

There is a \$15.00 processing fee for all NSF cheques.

Credit Card Information: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Card Number \_\_\_\_\_

Signature Of Cardholder: \_\_\_\_\_

**For our statement on protection of members personal information please go to our website at [www.mccahouse.org](http://www.mccahouse.org)**