



# INDIVIDUAL MEMBER APPLICATION

## Membership Categories : (Please check one)

## Membership Fees:

**Professional** - Any person classified as an ECE II or III employed in a child care centre. The membership year is from January 1 - December 31.

- \$208.00 Full Time** (working 25 hrs. per week or more)
- \$124.00 Part Time** (working 25 hrs. per week or less)

**Child Care Assistant** - Any person not classified as an ECE II or III employed in a child care centre or employed by members who are licensed family child care providers. The membership year is from January 1 to December 31.

- \$112.00 Full Time** (working 25 hrs. per week or more)
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**Student** - Students enrolled in an educational program for more than 20 hours per week or 60% of a full-time program. The MCCA student year is from September 1 to August 31.

- \$ 50.00 Student** (Must be enrolled more than 20hrs. per week or 60% of a full time program.)

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

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Employment/Place of Study: \_\_\_\_\_

Eligible date of Membership: \_\_\_\_\_

*Membership fees are non-refundable*

## Region:

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

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

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

**Signature Required**

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

- Cheque
- Credit Card
- Payroll Remittance (Professional & CCA members only)

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

- New
- Previous
- MCCA # \_\_\_\_\_

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: \_\_\_\_\_

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**Manitoba Child Care Association**, 2350 McPhillips Street, Winnipeg, Manitoba, R2V 4J6  
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E-Mail: _____	<input type="checkbox"/> Norman
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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)**