



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)
- \$ 76.00 Part Time** (working 25 hrs. per week or less)

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

Member Information: PLEASE PRINT IN BLOCK LETTERS

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

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: _____

For our statement on protection of members personal information please go to our website at www.mccahouse.org