



2014 MEMBERSHIP APPLICATION

Name of Center or Organization: _____

Legal Operator (LO): _____

Contact Person: _____ Title _____

Tel #: _____ Email: _____

Contact Person 2 (optional): _____

Title: _____ Tel #: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Licensed Programs _____ Licensed Capacity (Total All Locations) _____ <3: _____

Are you? _____ Non-Profit _____ For-Profit

Do you take public funding other than Care4Kids? _____ Yes _____ No

Are you interested in attending BOD meetings? _____ Yes _____ No

Which of the following committee(s) might you be willing to serve on?

Regulatory _____ Licensing _____ Membership _____ Conference Development _____

Recommended Dues Calculation

centers licensed for 1 - 75 children _____ \$75/center Subtotal _____

centers licensed for 76-150 children _____ \$125/center Subtotal _____

centers licensed for >150 children _____ \$200/center Subtotal _____

Additional Amount _____

Total _____ I'm not in a position to pay dues at this time _____

**Pay by credit card and fax to: 888-909-6494, or scan and email to info@ctcca.org or
mail application and check to: CCCA, Box 163, West Simsbury, CT 06092**

Check #: _____ Amount enclosed: _____

Credit Card # _____ Expiration _____

Billing Address: Street _____ State _____ Zip _____

Amount to charge Credit Card _____

Signed: _____ Date: _____

For more information email info@ctcca.org or call Gerry Pastor at 860-989-9302