



# 2017 Membership / Support Application

**Please complete:**

Name/Director: \_\_\_\_\_

Program/Organization: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ (to receive training reminders)

Website: \_\_\_\_\_ (\_\_\_ YES I authorize for posting a link)

**Annual Membership Fees**

(membership starts from date received to the following year)

**Community Supporters** (select one)

Your donation supports Child Care Solutions services.

\_\_\_\_\_ \$25 Friend      \_\_\_\_\_ \$ 75 Sponsor

\_\_\_\_\_ \$40 Advocate      \_\_\_\_\_ \$150 Corporate Partner      \$\_\_\_\_\_ Other

**Professional Membership** (select one)

\_\_\_\_\_ \$25 Family Child Care Home (includes 2 alternates)

My Alternates Are: \_\_\_\_\_

\_\_\_\_\_ \$40 Group Family Child Care Home (includes 3 alternates)

My Alternates Are: \_\_\_\_\_

\_\_\_\_\_ \$55 per Small Child Care/Early Education program (5 or fewer staff)

\_\_\_\_\_ \$100 per Lrg Child Care/Early Education program (over 5 staff)

(see reverse for multi-site discounts)

Checks are payable to: **Child Care Solutions** Mail to: 6724 Thompson Rd, Syracuse, NY 13211

**OFFICE USE ONLY**

Cash/Check/MO # \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec \_\_\_\_\_

Visa/MC/Disc # \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_

Member Type \_\_\_\_\_ Membership Expiration Date: \_\_\_\_\_