

Date Received: _____

Revised 11/20/2009

New Mexico Child Care and Education Association Membership Application

Membership Information

Membership in the NMCCEA follows an annual renewal based on when you apply. According to NMCCEA policy, memberships will expire annually based on the initial registration date.

<p>Please provide the following information:</p> <p>Center Name _____</p> <p>Owner/Director Name _____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____</p> <p>Zip _____ Phone _____</p> <p>Fax _____</p> <p>Email _____</p> <p>Best way to contact: email or phone</p>	<p>License No. _____</p> <p>Licensed Capacity _____</p> <p>No. Full-time staff _____</p> <p>No. Part-time staff _____</p> <p>For Profit ___ Non-Profit ___</p> <p>Accredited: Yes ___ No ___</p> <p>Accrediting Body: _____</p> <p>Star Level: _____</p> <p>Other: _____</p>
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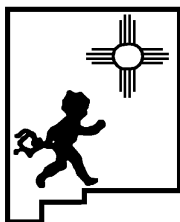
Dues Information

- A. NMCCEA Annual Membership Dues** (Includes \$55 dues for membership to the National Child Care Association.)
- Licensed capacity of **less than 50 children**..... \$150
 - Licensed capacity of **51-150**..... \$200
 - Licensed capacity of **more than 150 children**..... \$250
- Section A Total: _____
- B. Multiple Center Membership** \$1/2 off
Per additional center. Largest Center is considered the primary Membership, all other centers are half off their dues based on Licensed capacity listed in section A.
- Licensed capacity of **less than 50 children**
Number of Centers _____ x \$75 = _____
 - Licensed capacity of **51-150**
Number of Centers _____ x \$100 = _____
 - Licensed capacity of **more than 150 children**
Number of Centers _____ x \$125 = _____
- Section B Total: _____
- C. State Individuals and Licensed homes** \$50
For individuals and licensed homes with no more than 2 staff members.
This membership does not include a national Membership or voting rights.
Please use reverse side of form to list contact information.
- Section C Total: _____
- D. Individuals and Licensed homes w/National Membership...**\$85
For individuals and licensed homes with no more than 2 staff members.
This membership includes a national Membership but no voting rights.
Please use reverse side of form to list contact information.
- Section D Total: _____
- TOTAL DUE: _____

Payment Information

Payment may be made by check or money order made payable to **NMCCEA**.

Check/\$ Order # _____ Amount Enclosed: _____



Thank you for your membership!

NMCCEA Headquarters · P.O. Box 53400 · ABQ, NM · 87153-3400
505-239-0660 · www.NMCCEA.org

Please use this side to join multiple centers/individuals. Please copy this page for more than four additional memberships.

Check here if you are interested in serving on a NMCCEA Committee.

Legislative Public Relations Membership

Regulatory Professional Development

<p>Center Name _____ Owner/Director Name _____ Address _____ _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____</p> <p>Best way to contact: email or phone</p>	<p>License No. _____ Licensed Capacity _____ No. Full-time staff _____ No. Part-time staff _____ For Profit ___ Non-Profit ___ Accredited: Yes ___ No ___ Accrediting Body: _____ Star Level: _____ Other: _____</p>
<p>Center Name _____ Owner/Director Name _____ Address _____ _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____</p> <p>Best way to contact: email or phone</p>	<p>License No. _____ Licensed Capacity _____ No. Full-time staff _____ No. Part-time staff _____ For Profit ___ Non-Profit ___ Accredited: Yes ___ No ___ Accrediting Body: _____ Star Level: _____ Other: _____</p>
<p>Center Name _____ Owner/Director Name _____ Address _____ _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____</p> <p>Best way to contact: email or phone</p>	<p>License No. _____ Licensed Capacity _____ No. Full-time staff _____ No. Part-time staff _____ For Profit ___ Non-Profit ___ Accredited: Yes ___ No ___ Accrediting Body: _____ Star Level: _____ Other: _____</p>