



# NMCCEA

NEW MEXICO CHILD CARE AND EDUCATION ASSOCIATION

Ship To:	NMCCEA PO BOX 53400 Albuquerque, NM 87110	Toll Free: 888-920-8868 Fax: 505-275-3154
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## Membership Application Form

Date: \_\_\_\_\_

Qty.	Capacity	Description	Discount %	Unit Price	Credit Card Fee**	Total:
	Less Than 50	Annual Membership Dues	N/A	\$150.00	\$4.50	
	51-150	Annual Membership Dues	N/A	\$200.00	\$6.00	
	More Than 150	Annual Membership Dues	N/A	\$250.00	\$7.50	
	Less Than 50	Multiple Center Discount*	50%	\$75.00	\$2.25	
	50-150	Multiple Center Discount*	50%	\$100.00	\$3.00	
	More Than 150	Multiple Center Discount*	50%	\$125.00	\$3.75	
		Licensed Home Care		\$85.00	\$2.55	

\*Please remember first center is always full price. Discount applies for additional sites. \*\*If you are paying by credit card, you will be charged a 3% fee.

Balance Due:

### Center Information:

Organization Name	
Address	
City, State	
Zip	
Director, Owner	
E-mail Address	
Fax Number	
Phone Number	

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

<b><u>Multiple Center Information:</u></b>	
Organization Name	
Address	
City, State	
Zip	
Director, Owner	
E-mail Address	
Fax Number	
Phone Number	
Credit Card Number:	_____
Expiration Date:	_____ 3-Digit Code _____
Print Name on Card:	_____
Billing Zip Code:	_____
Signature	_____

<b><u>Multiple Center Information:</u></b>	
Organization Name	
Address	
City, State	
Zip	
Director, Owner	
E-mail Address	
Fax Number	
Phone Number	
Credit Card Number:	_____
Expiration Date:	_____ 3-Digit Code _____
Print Name on Card:	_____
Billing Zip Code:	_____
Signature	_____