

DCCCA Membership Application

State License # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle the categories you would consider assisting in: **Board, Membership, Grievance, Door Prize, Education Coordinator, Advertising, State Representative, Hospitality, Other:**

Please make checks payable to DCCCA:

\_\_\_ Join only DCCCA- \$40.00 - before June 30th

\_\_\_ **Join only DCCCA after June 30<sup>th</sup> - (\$40.00 plus \$10.00) for administration fee for e-referral form changes if previous member.**

\_\_\_ Join DCCCA after December 31<sup>st</sup> - **(\$20.00 plus \$10.00) for administration fee for e-referral form changes if previous member.**

\_\_\_ Join both DCCCA and The State Association- \$70.00-before June 30<sup>th</sup>, \$80.00 after June 30th

1. I have read the Bylaws of DCCCA.
2. I also agree to professionally communicate about, and positively represent, our DCCCA and fellow members. This includes but is not limited to writing, speaking and conducting ourselves in a professional manner that reflects well upon our organization as a whole.
3. All DCCCA members will send all referral calls to the appropriate referral agent if they are unable to accommodate the parent or child's needs.
4. All DCCCA members will not refer parents to an unlicensed or non DCCCA member for child care.
5. I have read this agreement carefully and fully understand and agree to the above items.
6. I understand that DCCCA cannot refund any part of my membership dues once received and entered.

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

**You must include a copy of your current license and payment with this application. Also please don't forget to sign above. Failure to send all required information will delay your being added to the referral list. Mail to:**

**Susan Taboada**  
**10118 Flagstone Way**  
**Parker, CO 80134**  
**Phone: 303-841-5899**