

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 30th - (\$40.00 plus \$10.00) for administration fee for e-referral form changes if previous member.**

___ Join DCCCA after December 31st - **(\$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 30th, \$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 childcare.
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 Moberly

10118 Flagstone Way

Parker, CO 80134

Phone: 303-841-5899