



Alberta Child Care Association

# Membership Application

## Individual Member Information: (Please print clearly)

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

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

City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Certification: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

.....

Send receipt to the following address if different than above:

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

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

City: \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**\*Please photocopy and include an individual application for each member of your agency who is to receive a membership.**

***\*Membership is valid for one calendar year dated from receipt to ACCA Offices.***

*“Connecting Alberta’s Child Care Community”*

*[www.albertachildcare.org](http://www.albertachildcare.org)*

Membership Categories (Please check one)	Membership Fees:	Region
<b>Professional:</b> Any person employed or contracted directly or indirectly in the licensed child care field in Alberta.	<input type="checkbox"/> \$125	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>Associate:</b> Any group or agency supportive of ACCA's goals. Associate member groups do not have voting rights, but may have employees or volunteers that are members. <input type="checkbox"/> Liability Insurance	<input type="checkbox"/> \$125	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<b>** Employee Benefit Plan Membership:</b> <b>Agency Name:</b>	<input type="checkbox"/> \$95	<input type="checkbox"/> 7 <input type="checkbox"/> 8
<b>Student:</b> Students enrolled in an educational program with full-time status.	<input type="checkbox"/> \$50	<input type="checkbox"/> 9

Payment method: \_\_\_\_\_ Cheque/money order \_\_\_\_\_ Credit card

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

Visa # \_\_\_\_\_ Expiry date: \_\_\_\_\_

MasterCard # \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

For payment by cheque please make and mail cheque or money order to:

Alberta Child Care Association  
Suite 110 Baker Centre  
10025 – 106 Street  
Edmonton, AB  
T5J 1G4

ACCA Office Manager: Karen Baretta Toll free 1-877-241-9937 or 780-421-7544  
www.albertachildcare.org

Employee Benefit Plan Contact: Randy Stinson Toll free 1-866-525-5055 or 780-451-4476

Foster Park Liability Insurance Contact Dean Basara 780-930-4394

*"Fax your registration form with credit card information to 780-428-0080  
Membership Fee are Tax Deductible and Non-Refundable"*

For Office Use		
<i>Date received:</i>	<i>Confirmation #</i>	<i>Membership #</i>
<i>Cheque #:</i>	<i>ACCA Authorization:</i>	<i>Renewal Month:</i>

**\*\* Members whose centres participate in the Employee Benefit Plan receive memberships at a discounted rate.**

March, 2010