

PSO - ICCA
PSO Illinois' Child Care Association
 310 E. Adams Street
 Springfield, IL 62701
 877-912-4222



Your State Association at Work for YOU - JOIN TODAY!
 Your "Child Care Center" membership in your state association
Includes membership in the
National Child Care Association

State and National Dues		Amount
FULL MEMBERSHIP:	Under 50 First School \$100	_____
	Over 50 First School \$160	_____
	Each Additional School \$60 x (the number of schools)=	_____
NATIONAL MULTI-CHAIN:	\$500	_____
	Sub Total	_____
LEGISLATIVE FEES:	(suggested 1/2 of your dues)	_____
<i>Please support the fund that helps to pay for our lobbyist & governmental relations effort</i>		
	Grand Total	_____
New Member _____ Renewing Member _____ Date Paid _____ Check # _____ Credit Card _____		

MEMBERSHIP APPLICATION

Company's Voting Representative to State Association: Owner ___ Director ___ Other ___
 Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

I prefer to receive information from NCCA by: mail, email, or fax

Center #1 (For additional centers please complete back of form)

Name of Center: _____

Address Street: _____ City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____ Center Contact: _____

Licensed Capacity: ___ Ages Served: ___ For-Profit: ___ Non-Profit: ___ Urban: ___ Suburban: ___ Rural: ___

Accredited by NECPA? _____ By NAEYC? _____ Other? _____

#Full time staff: _____ #Part time staff: _____

Please mail completed application with a check for your annual dues to the address above. Contributions or gifts to the PSO-ICCA and the National Child Care Association (NCCA) are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. PSO - ICCA estimates that the non-deductible portion of your current dues allocable to lobbying is 25%.

CREDIT CARD INFORMATION

Type of Credit Card: _____ Amount: _____

Name on Credit Card: _____

Address that credit card statement is mailed to: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

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Center #2

Name of Center _____
Address Street _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Center Contact: _____
Licensed Capacity _____ Ages Served _____ For-Profit _____ Non-Profit _____ Urban _____ Suburban _____ Rural _____
Accredited by NECPA? _____ By NAEYC? _____ Other? _____
#Full time staff _____ #Part time staff _____

Center #3

Name of Center _____
Address Street _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Center Contact: _____
Licensed Capacity _____ Ages Served _____ For-Profit _____ Non-Profit _____ Urban _____ Suburban _____ Rural _____
Accredited by NECPA? _____ By NAEYC? _____ Other? _____
#Full time staff _____ #Part time staff _____

Center #4

Name of Center _____
Address Street _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Center Contact: _____
Licensed Capacity _____ Ages Served _____ For-Profit _____ Non-Profit _____ Urban _____ Suburban _____ Rural _____
Accredited by NECPA? _____ By NAEYC? _____ Other? _____
#Full time staff _____ #Part time staff _____

Center #5

Name of Center _____
Address Street _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Center Contact: _____
Licensed Capacity _____ Ages Served _____ For-Profit _____ Non-Profit _____ Urban _____ Suburban _____ Rural _____
Accredited by NECPA? _____ By NAEYC? _____ Other? _____
#Full time staff _____ #Part time staff _____

Center #6

Name of Center _____
Address Street _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Center Contact: _____
Licensed Capacity _____ Ages Served _____ For-Profit _____ Non-Profit _____ Urban _____ Suburban _____ Rural _____
Accredited by NECPA? _____ By NAEYC? _____ Other? _____
#Full time staff _____ #Part time staff _____