



Alberta Child Care Association

## Membership Application

*Many Voices–One Vision*

*www.albertachildcare.org*

### Individual Member Information: (Please print clearly)

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

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

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

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

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

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

It is important to provide the program or agency name to better inform accreditation of your professional membership. (Standard 8.2)

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Send receipt to the following address if different than above:

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

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

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

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

*\* Membership is valid for one calendar year dated from receipt to ACCA Offices.  
Confirmation of your membership will be automatically sent to  
Alberta Early Learning and Care Services (AELCS) meeting Standard 8.2.*

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

Alberta Child Care Association Partners:



<b>Membership Categories</b> (Please check one) It is important to indicate which type of agency or program you are working in.	<b>Annual Membership Fees:</b>	<b>Type of Child Care Program or Agency</b>
<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"/> CCC <input type="checkbox"/> FCC <input type="checkbox"/> OSC
<b>Associate:</b> <u>Any group or agency</u> 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	
<b>** Employee Benefit Plan Membership:</b> Child Care Centre or Out-of-School Care Name:	<input type="checkbox"/> \$95	
<b>Student:</b> Students enrolled in an educational program with full-time status.	<input type="checkbox"/> \$50	

**Payment method:** \_\_\_\_\_ **Cheque/money order** \_\_\_\_\_ **Cash**

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

**MasterCard Visa #** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Credit Card Monthly Payment Option:** \_\_\_\_\_ **(\$11.00 per month)**  
Card Holder Initials

**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

Karen Baretta Toll free 1-877-421-9937 or 780-421-7544 Fax 780-428-0080  
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  
TimeSavr Contact: Vincent Wansink 780-868-5628

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

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

July, 2011