



www.arundelccc.org

44 Calvert Street, Suite 140A  
Annapolis, Maryland 21401  
Phone: 410-222-1712  
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**MEMBERSHIP APPLICATION**

Child Care Center

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Payment: Check: \_\_\_\_\_ Money Order: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Credit Card Information: \_\_\_\_\_  
Card Number (Must match address above) Expiration Date

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

**Group Membership Type:**

4-10 employees - \$100     11-20 employees - \$150     21-30 employees - \$200     31 and up - \$250

Please list the names of employees included in the membership on the next page. Each staff member will receive their own card.

**For Office Use Only**

Date Processed: \_\_\_\_\_ Membership Expiration: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Payment Type    Check # \_\_\_\_\_    Credit Card \_\_\_\_\_    Money Order \_\_\_\_\_    Cash \_\_\_\_\_



Arundel Child Care Connections Inc. is a 501©3 organization and member agency of the Maryland Child Care Resource Network with funding provided by Anne Arundel County and Maryland Family Network.

This publication was produced as a work for hire for the benefit of, and with funds from, the Maryland State Department of Education.

Staff Member Names

- 1.
- 2.
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- 30.

Use another sheet of paper if more than 30 employees.