



www.arundelccc.org

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**MEMBERSHIP APPLICATION**

Family Child Care Provider/Center Director/Center Staff

Fee - \$30.00 Annually

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

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

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

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Credit Card Information: \_\_\_\_\_  
Card Number Expiration Date

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

**Individual Membership Type:**

Family Child Care

Center Director

Center Staff

**For Office Use Only**

Date Processed: \_\_\_\_\_

Membership Expiration: \_\_\_\_\_

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

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



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