



www.arundelccc.org

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Annapolis, Maryland 21401
Phone: 443-782-5001
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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 _____



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Staff Member Names

- 1.
- 2.
- 3.
- 4.
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- 30.

Use another sheet of paper if more than 30 employees.