



**2017 Business Membership Application**

Address: 2810 Carrollton Road, Annapolis, Maryland 21403

Phone: 410-820-9196 or Email: [mscca1@comcast.net](mailto:mscca1@comcast.net)

Visit our website at [www.mscca.org](http://www.mscca.org)

**MSCCA is a 501(c)(3) Charitable Organization, EIN:52-1398476**

**Business Members serve the Child Care Industry, but are not Child Care Centers/Programs. Center-Based Child Care Programs must complete the MSCCA Center Membership Application**

DATE OF APPLICATION: \_\_\_\_\_

NAME (Primary Contact): \_\_\_\_\_

TITLE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

P. O. BOX (if applicable): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL (required): \_\_\_\_\_

Business Website \_\_\_\_\_

- BUSINESS MEMBERSHIP BENEFITS**
1. Banner/Rotating advertisement of your choosing to display on our website.
  2. Descriptive company paragraph with logo, if provided, of your business on MSCCA website with a direct link to your company website.
  3. Business Member discount on registration fees for exhibitor booths for all MSCCA events.
  4. Distribution of marketing materials via email or mailing to MSCCA members. (Business Member must provide the marketing materials for distribution. Limit to 1 direct full membership distribution email per month and new members mailing or renewals)
  5. Opportunities to introduce your Business and present info at local MSCCA Chapter meetings and MSCCA Board meetings.
  6. Business networking luncheon and meet and greet

2017 MSCCA Annual (based on a calendar year) Business Membership Dues \$ \_\_\_\_\_

Level 1- Premium membership includes Business Benefits numbers 1 through 6=\$275.00  
 Level 2- Standard membership includes Business Benefits numbers 2 through 6=\$225.00  
 Level 3- Basic membership to include Business Benefits numbers 2, 5 and 6= \$175.00

Tax Deductible Donation to the MSCCA "Passion for Excellence" Award/Scholarship  
 \$10.00 \_\_\_\_\_ \$20.00 \_\_\_\_\_ \$30.00 \_\_\_\_\_ Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Check Enclosed \_\_\_\_ (Please make checks payable to MSCCA) Check # \_\_\_\_\_

Charge \_\_\_\_ VISA \_\_\_\_ MC \_\_\_\_ Discover \_\_\_\_ AMEX Account Number: \_\_\_\_\_ Expires: \_\_\_\_\_  
 \_\_\_\_\_ CVV Code (Required- include the 3-digit CVV code on the back of your card for all VISA - MC Charge, 4 digit code on front of Amex)

Cardholder Name: \_\_\_\_\_ Zip Code of billing address \_\_\_\_\_

Company name (if it appears on your card): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email application with payment to: [mscca1@comcast.net](mailto:mscca1@comcast.net)  
 Mail the Application with payment to: MSCCA 2810 Carrollton Road- Annapolis, MD. 21403