



2018 Business Membership Application

Address: 2810 Carrollton Road, Annapolis, Maryland 21403

Phone: 410-820-9196 or Email: mscca1@comcast.net

Visit our website at 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

2018 MSCCA Annual (based on a calendar year) Business Membership Dues \$ _____

Level 1- Premium membership includes Business Benefits numbers 1 through 6=\$295.00

Level 2- Standard membership includes Business Benefits numbers 2 through 6=\$250.00

Level 3- Basic membership to include Business Benefits numbers 2, 5 and 6= \$195.00

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

Voluntary Tax deductible contribution for MSCCA Professional Advocacy for members \$50.00 \$75.00 \$100.00 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

Mail the Application with payment to: MSCCA 2810 Carrollton Road- Annapolis, MD. 21403