



2019 Annual School Age Membership Application & Profile- All Staff Are Members

If you operate more than one licensed school age program, please reproduce this form, complete a membership application and profile for **each** program. Please include all centers under common ownership. A copy of your child care license must be submitted with your application. MSCCA is a 501(c)(3) Charitable Organization, EIN:52-1398476

TOTAL NUMBER OF ALL PROGRAMS IN YOUR ORGANIZATION: _____ New MSCCA Member _____ Renewal _____
TOTAL NUMBER OF EMPLOYEES AT THIS PROGRAM: (Required) _____ MD LICENSE NO: _____
LICENSED CAPACITY OF THIS PROGRAM: _____ FOR PROFIT: _____ NON-PROFIT: _____
ACCEPT CHILD CARE SUBSIDY VOUCHERS (Yes/No): _____ PARTICIPANT IN MD EXCELS (Yes/No) _____
PROGRAM CONTACT NAME: _____
TITLE: _____
NAME OF PROGRAM: _____
STREET: _____
CITY: _____
STATE: _____ ZIP CODE: _____ COUNTY: _____
BUSINESS PHONE: _____ FAX: _____
EMAIL: (Required) _____ Program Website: _____
(Listing your program OR personal Email contact will assure receipt of important communication)
OWNER'S NAME & EMAIL ADDRESS _____

MEMBERSHIP DUES FOR CALENDAR YEAR 2019
MSCCA Center Membership and benefits includes all staff employed in your program as members.
Copy your center/program membership certificate for ALL staff and use for Professional Activity Units, discounts for training and more
Calculate formula = Licensed capacity (OCC license) x \$1.90
If you are a Published participating program in Maryland EXCELS at the time of application, please deduct 10% off total MSCCA membership dues!

2019 MSCCA Dues (OCC License capacity _____ x \$1.90) \$ _____
~MSCCA has a MINIMUM dues requirement of \$55.00 if your program capacity is under 33 children
~MSCCA has a MAXIMUM dues cap not to exceed \$1250.00 should the same owner have more than 15 programs

Contribute to Government Relations Advocacy _____ \$25 _____ \$50 _____ Other \$ _____

Contribute MSCCA Passion for Excellence Grant/Scholarship Member (MSCCA members only are eligible to receive grant)
(all donations go directly back to our MSCCA programs/providers) \$ _____ \$10 _____ \$20 _____ \$30 _____ Other \$ _____

National Child Care Association Annual Dues=\$22.00 (Optional) \$ _____

TOTAL \$ _____

Become a member and Pay online at mscca.org (PayPal or QuickBooks) or Check Enclosed _____ (Checks payable to MSCCA)
Check # _____

Charge to: _____ VISA _____ MC _____ Amex _____ Account Number: _____

Expires: _____ (required) _____ CVV Code (Required to include the 3-digit CVV code on back of card for VISA - MC, 4 digits front of card for Amex)

Print Cardholder Name: _____ Zip Code for billing _____ (required)

Print Company name (if it appears on your card): _____

Signature _____ Date _____

Requirements to process membership include the completed application, full payment and a copy of your MSDE Child Care License. Please mail all 3 components to: MSCCA 2810 Carrollton Road, Annapolis, MD. 21403 or Email all requirements to mscca1@comcast.net or apply on website at www.mscca.org Phone: 410-820-9196
Retain a copy for your records