



2020 Business Membership Application

Address: 1783 Forest Drive #314, Annapolis, Maryland 21401

Become a member online at www.mscca.org

Phone: 410-820-9196 or Email: info@mscca.org 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.

Licensed Center-Based Child Care Programs must complete the MSCCA Center Membership 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

2020 MSCCA Annual (based on a calendar year) Business Membership Dues		\$
• Platinum- Premium membership includes Business Benefits numbers 1 through 6	\$305.00	\$305.00
• Gold- Standard membership includes Business Benefits numbers 2 through 6	\$258.00	
• Silver- Basic membership to include Business Benefits numbers 2, 5 and 6	\$201.00	
MSCCA is respectfully requesting an additional donation of \$85.00 to fund the professional Government Relations Lobbyists for the 2020 Legislative Session (Annual Fee for Compass Government Relations is \$38,450.00 per annual contract.		
Donation to Government Relations – Advocacy for Members Fund		
Donation to the MSCCA “Passion for Excellence” Grant/Scholarship		

Check Enclosed ____ (Please make checks payable to MSCCA) Check # _____ Total \$ _____

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 for billing _____ (Required)

Company name (as it appears on your card): _____

Signature: _____ Date: _____

- Mail the Application with payment to: Charles Wainwright, MSCCA Membership Chair.
1631 Edgewood Place #101, Hagerstown, MD. 21740