



2020 Annual Individual Membership Application & Profile

The Maryland State Child Care Association offers the opportunity to become an "Individual Member" of the Association! This category is defined in the MSCCA By-Laws as: Individual Members shall be parents and other interested persons concerned with child care, *but not employed in a child care center*. The individual must want to help further the objectives and purpose of the Association. Individual Members may participate in the bi-annual Election as a candidate for *Member at Large*, but may not be a candidate for a position as an *Officer* on the Board of Directors. Individual Membership may not exceed 10% of full membership. **The Annual MSCCA Membership Fee for an Individual Member is \$105.00.** This fee entitles the member to attend all annual MSCCA conference functions at the member rate, email communications, mentorship opportunities and networking with colleagues. MSCCA Membership **excludes specific** legislative/lobbyist representation for individual members and family child care. Membership is renewable on an annual calendar year basis. If you work in a center-based program, you may not join as an individual.

NAME: _____

ADDRESS: _____
Street City State Zip

Telephone: _____ Email: (**Required**) _____

Individual Member association with child care: _____

MSCCA is respectfully requesting an additional donation of \$50.00 to fund the professional Government Relations Lobbyists for the 2020 Legislative Session (Annual Fee for Compass Government Relations is \$38,450.00).

Individual MSCCA Dues = \$ 105.00

If you are a Published participating program in Maryland EXCELS at the time of application, please deduct 10% off MSCCA membership dues! \$ _____

Donation to Government Relations - Advocacy for Members fund \$50____ Other____ \$ _____

Donation to MSCCA Passion for Excellence Grant/Scholarship (MSCCA members only are eligible to receive grant)
\$ ____ \$10 ____ \$20 ____ \$30 ____ Other \$ _____

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

Method of Payment: ____ Check enclosed/Check # ____ or ____ VISA ____ MC ____ Amex
TOTAL \$ _____

Credit Card #: _____ / _____ / _____
Exp.date (MO/YR) CVV code (**required**)

PRINT name of individual/company, as it appears on the card. (Signature)

Billing address of card (Street and Zip Code ONLY-**(Required)**)

Become a Member online at mscca.org

Mail completed applications with payment to: Charles Wainwright, MSCCA Membership Chair.
1631 Edgewood Place #101, Hagerstown, MD. 21740 or

Email all requirements to info@mscca.org or apply on website at www.mscca.org

The MSCCA is a 501(c)(3) charitable organization – EIN: 52-1398476
Retain a copy of your application for your records!