



**2021 Annual Center Membership Application & Profile- All Staff are MSCCA Members**

If you operate more than one Child Care Center, please reproduce this form, complete a membership application and center profile for each Center, and mail them as a group. **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 CENTERS IN YOUR ORGANIZATION: \_\_\_\_\_ New MSCCA Member \_\_\_\_\_ Renewal \_\_\_\_\_  
 TOTAL NUMBER OF EMPLOYEES AT THIS CENTER: **(Required)** \_\_\_\_\_ MD LICENSE NO: \_\_\_\_\_  
 LICENSED CAPACITY OF THIS CENTER: \_\_\_\_\_ FOR PROFIT: \_\_\_\_\_ NON-PROFIT: \_\_\_\_\_  
 ACCEPT CHILD CARE SUBSIDY VOUCHERS (Yes/No): \_\_\_\_\_ PARTICIPANT IN MD EXCELS (Yes/No) \_\_\_\_\_ Level: \_\_\_\_\_  
 Maximum Number Licensed for: Infants/Toddlers: \_\_\_\_\_ Two's: \_\_\_\_\_ Three's: \_\_\_\_\_ Four's: \_\_\_\_\_ School Age: \_\_\_\_\_  
 CENTER/PROGRAM CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 NAME OF CENTER/POGRAM: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
**EMAIL:(Required)** \_\_\_\_\_ **Center Website:** \_\_\_\_\_  
 (Listing your business/center **OR** personal Email contact will assure receipt of important communication)

OWNER'S NAME & EMAIL ADDRESS \_\_\_\_\_

**MEMBERSHIP DUES FOR CALENDAR YEAR 2021**

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 \$4.10  
 If you are a Published participating program in Maryland EXCELS at the time of application, please deduct 10% off MSCCA membership dues!

|   |                              |
|---|------------------------------|
| 2021 MSCCA Dues<br>OCC License Total capacity _____ x \$4.10  | \$                           |
| ~ MINIMUM dues requirement of \$105.00 if your program capacity is under 33 children  |                              |
| ~ MAXIMUM dues cap not to exceed \$2500.00 should the same owner have more than 15 centers  |                              |
| If you are Published in Maryland <b>EXCELS</b> at the time of this application, please deduct <b>10%</b> off of Individual MSCCA Dues   |                              |
| MSCCA must require a payment of <b>\$50.00</b> for programs of 50 or less children; or a payment of <b>\$85.00</b> for programs with 51 or more children, to help fund the Professional Government Relations Lobbyists for the 2021 Legislative Session (Annual Fee for Compass Government Relations is \$40,000.00.) |                              |
| Payment to Government Relations -Advocacy for Members Fund  | (\$50 or \$85) (Required) \$ |
| National Child Care Association Annual Dues   | (Required) \$ 2.50           |
| Donation to MSCCA Passion for Excellence Grant/Scholarship (MSCCA members only are eligible to receive grant) (Optional)  | \$ \$10 \$20 \$30 Other      |

**Become a member** online at [mscca.org](http://mscca.org)! Pay online (PayPal or QuickBooks) or TOTAL \$ \_\_\_\_\_

- 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 (1) the completed application, (2) full payment and (3) a copy of your MSDE Child Care License.  
 Please mail all 3 components to:

- o Charles Wainwright, MSCCA Membership Chair.  
 1631 Edgewood Place #101, Hagerstown, MD. 21740 or
  - o Or Email all requirements to [childrensenrichment@msn.com](mailto:childrensenrichment@msn.com) or apply on website at [www.mscca.org](http://www.mscca.org)
- Questions? Contact Christina Peusch, Executive Director; Phone: 410-820-9196.  
 Retain a copy for your records