



**2021 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) \_\_\_\_\_ Level: \_\_\_\_\_

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 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 \$2.05  
If you are a Published participating program in Maryland EXCELS at the time of application, please deduct 10% off total MSCCA membership dues!

2021 MSCCA Dues OCC License capacity _____ x \$2.05	\$
~ MINIMUM dues requirement of \$52.50 if your program capacity is under 33 children	
~ MAXIMUM dues cap not to exceed \$1250.00.00 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 10% off of Individual MSCCA Dues	
MSCCA must require a payment of <b>\$25.00</b> for programs of 50 or less children; or a payment of <b>\$42.50</b> for programs with 51 or more children, to 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	<b>(\$25.00 or \$42.50) (Required)</b>
National Child Care Association Annual Dues	<b>(Required)</b> \$ 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 and Pay online at [mscca.org](http://mscca.org) (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:

- Charles Wainwright, MSCCA Membership Chair.  
1631 Edgewood Place #101, Hagerstown, MD. 21740 or
  - Or Email all requirements to [childrenenrichment@msn.com](mailto:childrenenrichment@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