



Minnesota Child Care Provider Information Network

MCCPIN

Membership Application

Send to: MCCPIN Membership
PO Box 1136
Prior Lake, MN 55372



Member Information

- Individual Membership**
- Provider** Initial License Year _____
 - Advocate**
 - County Association or Support Group**
 - Agency or Organization Advocate**
 - Renewal** **New Member**

First name (County Association, Agency, Organization Name) Last Name

Business Name

Address

City State Zipcode County

(_____) _____ (_____) _____
Telephone Cell Phone

Email address (will not be shared or sold)

- Check here to receive information, newsletters, updates by email.
- I would prefer information sent through the U.S. Postal Service

- Accreditation/Education**
- NAFCC Accreditation CDA MLFCCA Credential
 - College Degree/Early Childhood Other _____ Not Applicable

Membership Options (Check or Cash Please do not send cash via mail)

MCCPIN \$48.00 1 year \$90.00 2 years

MCCPIN & NAFCC \$88.00 1 year

Note: NAFCC membership is discounted from \$45.00 to \$40.00 per year

On-Line payment: www.mccpin.org (Membership)

Payment Method: **Credit** **Visa** **MasterCard**
_____-_____-_____-_____/_____
Credit Card Number CSC Code Expiration Date

Check Enclosed _____ (Check Number)

Cash _____ (Amount)

Receipt requested No Yes

For Office Use:

Total _____
Check # _____
Received _____
Initials _____
Date Added _____