Jefferson County Child Care Association
Membership Application

The Membership Application and Fee will cover renewals and new memberships for the fiscal year July 1, 2019– June 30, 2020. Please read and fill out the following information completely.

_____**JCCCA NEW APPLICATION (New Members-not a member last year)** **$40**_____

_____**JCCCA RENEWAL APPLICATION**
(Member last year-must be received before June 30th) **$35**_____

_____**15 MONTH JCCCA APPLICATION (New Members April 1 – June 30)** **$40**_____

_____**18 MONTH JCCCA APPLICATION (New Members January 1–June 30)** **$55**_____

_____**CAFCC MEMBERSHIP (Colorado Association Family Child Care)** **$45**_____
JCCCA Members get a discount if they belong to CAFCC **$40**_____
(Please enclose a SEPARATE check payable to CAFCC)

_____**NAFCC MEMBERSHIP (National Association Family Child Care)** **$45**_____
(Please enclose a SEPARATE check payable to NAFCC)
CAFCC Members get a discount if they belong to NAFCC **$40**_____

Jefferson County Child Care Association membership application and fees are due June 30. All Membership Renewals must be received before June 30 to avoid interruption of Membership Benefits and the New Membership fee will be due to reinstate.

- Make your checks payable to JCCCA.
- Mail your application, copy of current child care license, membership fee and a self-addressed stamped envelope to the JCCCA Membership Processor / Treasurer:
  Kim Roby, 12296 West Ohio Place, Lakewood, Colorado 80228
  For questions on membership or fees please call Kim 303-988-8368

NAME_____**PHONE** _____

BUSINESS NAME_____**E-MAIL ADDRESS**_____

ADDRESS_____**CITY**_____ **ZIP**_____

LICENSE#_____**CHILD CARE ANNIVERSARY DATE**_____ **BIRTHDAY MONTH**_____

JCCCA MEMBERS are asked to ACTIVELY support and participate in their professional organization (JCCCA) by volunteering in some respect. I would like to participate in the following:

_____JCCCA BOARD POSITION
_____NEWSLETTER STAFF
_____CRAFT EXTRAVAGANZA
_____HOSPITALITY (help in the kitchen and/or bring food to meetings)
_____ REFERRAL PROVIDER
_____"**WHAT IT TAKES**" CONFERENCE (March)

I agree to abide by the current Jefferson County Child Care Association Bylaws. (Copies of JCCCA BYLAWS are available upon request at JCCCA Association Meetings).

SIGNATURE_____**DATE**_____

For information and resources visit the Jefferson County Child Care Association website: ***jeffcochildcare.org***