Minnesota Child Care Provider Information Network

Individual Membership Form

20% discount for 2020 during Nov. & Dec. 2019

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

Member Information

Individual Membership ☐ **Provider** **Initial License Year** _____

License Class ☐ **A** ☐ **B1** ☐ **B2** ☐ **C1** ☐ **C2** ☐**C3** ☐ **D**

☐ **Advocate**

_____
First 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

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Education ☐ College degree/Major Click here to enter text.
☐ NAFCC Accreditation ☐ CDA

Member of ☐ NAFCC ☐ County Association/Support Group Click here to enter text.

Membership Options

MCCPIN ☐ ~~**$48.00**~~ **$38.00 1 year** ☐ ~~**$90.00**~~ **$72.00 2 years**

MCCPIN & NAFCC ☐ ~~**$88.00**~~ **$78.00 1 year** **Prices for November and December 2019**

Note: NAFCC membership is discounted from $45.00 to $40.00 per year.
Make checks payable to MCCPIN or Minnesota Child Care Provider Information Network

Total	_____
Check #	_____
Received	_____
Initials	_____
Date added	_____

Payment Method: Credit ☐ **Visa** ☐ **MasterCard**

_____ - _____ - _____ - _____ _____ _____/_____
Credit Card Number CSC Code Expiration Date

Check Enclosed _____ (Check Number)

Cash _____ (Amount) _____

Receipt requested ☐ No ☐ Yes