



# Minnesota Child Care Provider Information Network

## Individual Membership Form

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.

**Education** ☐ College degree/Major

☐ NAFCC Accreditation

☐ CDA

### **Membership Options**

**MCCPIN** ☐ \$35.00 1 year

**MCCPIN & NAFCC** ☐ \$75.00 1 year

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

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_  
Credit Card Number CSC Code Expiration Date

**Check Enclosed** \_\_\_\_\_ (Check Number)

**Cash** \_\_\_\_\_ (Amount)

Receipt requested ☐ No ☐ Yes

Total \_\_\_\_\_  
Check # \_\_\_\_\_  
Received \_\_\_\_\_  
Initials \_\_\_\_\_  
Date added \_\_\_\_\_