



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

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 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