

Office Use Only:
Date Received: ____/____/____
Payment: Check # _____



WCCAA Membership Form

Please check only one (photocopy for additional members):

- New Individual Membership - \$75.00
- New Friend of WCCAA - \$55.00
- Renewing Individual - \$75.00
- Renewing Friend of WCCAA - \$55.00
- WCCAA/NACCP Affiliate Membership - \$160.00
- Not Renewing (please indicate reason): _____

Membership Categories:

Individual: Owns, operates, administers, and/or those who work directly in providing child care services and/or those whom have retired from a licensed or legally exempt group child care center or centers and/or preschool in the state of Wisconsin. Any person who is directly providing child care services **MUST** choose this category. This is a voting membership and eligible for scholarships.

Friends of WCCAA: Any other individual that does not fall into the previous category, but who is a child care advocate. "Friends" will receive a WCCAA newsletter and get access to and discounts on trainings. *This is a non-voting membership and not eligible for scholarships.*

WCCAA/NACCP Affiliate: We have recently formed a partnership with NACCP, and WCCAA members now have the option to be an Affiliate member of NACCP by paying an additional \$85.00. The regular yearly membership with NACCP is \$130.00, so this is discounted by \$45.00. The National Association of Child Care Professionals (NACCP) is the nation's leader among associations serving child care owners, directors, and administrators. The organization's goal is to improve, enhance and strengthen the credibility of the people who lead the child care industry by providing membership services and benefits. NACCP is the only association exclusively dedicated to child care management without regard to a center's tax status and corporate sponsorship. NACCP is also the sponsor of NAC Accreditation. **(Please fill out additional form on page 2 if applying for this membership.)**

Name: _____ Title: _____

E-mail Address: _____

Center Name: _____

Center Address: _____

City: _____ Zip: _____

County: _____ Region: _____

Work Telephone (____) _____ Fax Number (____) _____

How did you learn about the Wisconsin Child Care Administrators Association?

- Friend (please include full name of person who referred you): _____
- Mailing
- WCCAA Website
- Other: _____

Please make checks payable to: WCCAA
Send membership form and check to:
WCCAA
Att: Verna Drake
P.O. Box 21
Westby, WI 54667



National Association of Child Care Professionals WCCAA/NACCP Affiliate Membership Application

NACCP membership is available to any individual in a supervisory or decision-making capacity in the child care industry.

Name: _____ Title: _____

Agency/Center: _____

Fax: () _____ Cell Phone: () _____

Daytime Phone: () _____ Evening Phone: () _____

Mailing Address: _____ Home Business

City: _____ State: _____ Zip: _____

E-mail: _____ Home Business

Agency/Center Website: _____

Type of Membership:

New Affiliate Member (\$85.00)

Current Member (renewal - \$85.00)

Method of Payment:

Check Enclosed – Ck#: _____

Please make check payable to & mail to:

WCCAA
P.O. Box 21
Westby, WI 54667

Any questions, please contact Beverly J. Anderson at beva@ebenezerchildcare.com