



Membership Form

Name _____ Business Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ County _____ E-mail _____

Please Check One:

- Professional Membership** - Professional membership is open to licensed family child care providers in Minnesota who support the MACCP mission and purpose. Each Professional Member shall be eligible to one vote in MACCP elections, in addition to participation in Professional-Member-only surveys.

MACCP reserves the right to verify license status. License number (optional) _____

- Associate Membership** - Associate membership is open to individuals, businesses, or organizations that support the MACCP mission and purpose. Associate Members do not possess voting rights.

Price: \$25.00 for January 1 – December 31, 2017

*Membership fees are non-refundable

Please make checks payable to MACCP & mail to:

MACCP
P.O. Box 395
St. Michael, MN 55376-0395