



Medicine Hat & District Child Care Association

New Membership Renewal of Membership

INDIVIDUAL MEMBERSHIP

Date: _____

Name: _____

Address (including postal code): _____

Telephone #: _____ Email Address: _____

Member Information (please select one):

Child Care Professional Qualification level: _____

Working for: _____

Support Staff (Educational Assistant, Administrator, Cook, etc.)

Working for: _____

Student Program of study: _____

Other Please specify: _____

Membership

- *There are no membership fees for individual members.*
- *Individual members are not eligible to vote.*
- *Individual members are not eligible to receive direct funding from the MHDCCA.*

I have read and understand the above statements: _____

Please mail membership form to:

Medicine Hat & District Child Care Association
640 Third Street SE
Medicine Hat, AB
T1A 0H5

Or Fax to: Attn: Medicine Hat & District Child Care Association
403-527-7570

Or Email to: Jennifer Usher, Coordinator (mjusher@telus.net)

Building a Strong Foundation in Child Care Since 1989

www.mhdcca.com