



United Child Care Network, Inc.

Membership Application

Membership Rate: \$60 per year, \$30 for 1/2 year
U.C.C.N. is a support and training group for home childcare providers.
Paid membership is required upon attending two complimentary meetings.

Name of your Child Care Business: _____

Name: _____ Phone #: _____ Cell #: _____

Address: _____ City: _____ ZIP: _____

Birthday (month and day): _____ E-mail Address: _____

Please take a minute to fill out this application so we can better serve you and your childcare small business needs.

Are you a... ☐ New Member ☐ Family Child Care ☐ Unlicensed Provider ☐ Parent
☐ Renewing Member ☐ Group Home ☐ Advocate
☐ License Exempt ☐ Licensed Provider (License #: _____)

Which U.C.C.N. features interest you the most? (Check all that apply)

☐ Newsletter ☐ Back-up Care
☐ Website ☐ Meetings/Workshops
☐ Networking with other Providers ☐ Field Trips
☐ CPR/First Aid Training ☐ Other _____

What meeting/training topics or special projects would you like to see U.C.C.N. present?

Please check all the areas that you would like to work with or would like to know more about:

	Work With	Know More About
Christmas Party	<input type="checkbox"/>	<input type="checkbox"/>
Scrip Fundraiser	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>

I give my permission to have my name, address & phone number in the U.C.C.N Online Directory for members only.

☐ Yes ☐ No

If you are a new member, how did you hear about the U.C.C.N.?

Please make your check payable to U.C.C.N. and send it along with this application to:

United Child Care Network, Inc.
P.O. Box 130
Downers Grove, IL 60515

-----FOR OFFICE USE ONLY-----

WEBSITE

☐

CHECK TO TREASURER/DATE

☐

MEMBERSHIP CARD

☐

MEMBERSHIP FOLDER

☐