

DCCCA Membership Application

2024/2025

State License # _____

Name: _____

Address: _____ City _____ Zip _____

Subdivision Name: _____

Phone: _____ Email: _____

Please circle the categories you would consider assisting in: **Board, Membership, Grievance, Door Prize, Education Coordinator, Advertising, State Representative, Hospitality, Other:**

Please make checks payable to DCCCA:

___ Join DCCCA- \$40.00 - before June 30th

___ Join DCCCA after June 30th - **(\$40.00 plus \$10.00) for administration fee for e-referral form changes if previous member.**

___ Join DCCCA after December 31st – **(\$20.00 plus \$10.00) for administration fee for e-referral form changes if previous member.**

Join CAFCC (Colorado Association of Family Child Care) State Association

To join CAFCC click on [link](#) to fill out membership form and make payment directly to them.

1. I have read the Bylaws of DCCCA.
2. I also agree to professionally communicate about, and positively represent, our DCCCA and fellow members. This includes but is not limited to writing, speaking, and conducting ourselves in a professional manner that reflects well upon our organization as a whole.
3. All DCCCA members will send all referral calls to the appropriate referral agent if they are unable to accommodate the parent or child's needs.
4. All DCCCA members will not refer parents to an unlicensed or non DCCCA member for childcare.
5. I have read this agreement carefully and fully understand and agree to the above items.
6. I understand that DCCCA cannot refund any part of my membership dues once received and entered.

Signature: _____ Date: _____

You must include a copy of your current childcare license and payment with this application. Also please don't forget to sign above. Failure to send all required information will delay your being added to the referral list.

Mail to:

Vickie Scholl

1461 Bethel Ct.

Castle Rock, Co 80109

Phone: 303-707-0812