



# EveryChild CALIFORNIA

Association of Leaders  
Advancing Early Learning

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Formerly CCDAA

Please print clearly and complete entire form

## PERSONAL DETAILS

NAME:	POSITION:	
AGENCY:		
ADDRESS:	CITY/STATE:	ZIP:
PHONE:	FAX:	
EMAIL:	AGENCY WEBSITE:	
# of Locations: (please list locations on back)	Capacity of locaton listed above:	

### Please check all programs administered within your agency

<input type="checkbox"/> 21st Century	<input type="checkbox"/> Child and Adult Care Food Program
<input type="checkbox"/> After School Education and Safety	<input type="checkbox"/> Early Head Start
<input type="checkbox"/> Alternative Payment	<input type="checkbox"/> Family Child Care Home Education - CCTR (SRR)
<input type="checkbox"/> California State Preschool Program – Full Day – CSPP	<input type="checkbox"/> Family Child Care Home Education - CFCC (RMR)
<input type="checkbox"/> California State Preschool Program – Part Day – CSPP	<input type="checkbox"/> First 5
<input type="checkbox"/> CalWorks	<input type="checkbox"/> Head Start
<input type="checkbox"/> Campus Child Development	<input type="checkbox"/> Local Planning Council
<input type="checkbox"/> Center Based – Infant/toddler – CCTR	<input type="checkbox"/> Migrant Child Care
<input type="checkbox"/> Center Based – Preschool - CCTR	<input type="checkbox"/> Private (non publicly funded)
<input type="checkbox"/> Center Based – School Age – CCTR	<input type="checkbox"/> Resource and Referral
<input type="checkbox"/> Charter School	<input type="checkbox"/> Transitional Kindergarten
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

### PLEASE SIGN ME UP FOR INFORMATION EMAILS ONLY

Please choose the type(s) of membership you would like:

<input type="checkbox"/>	<b>COMPREHENSIVE - \$300.00– Current through June 30, 2021</b> (receives funds from public agencies) Comprehensive membership includes all the rights and privileges of membership including but not limited to voting, serving on a State or Section Board, chairing or serving on committees, and attending all meetings, trainings and events at the member rate. Includes the ability to add on unlimited Affiliate memberships.
<input type="checkbox"/>	<b>ASSOCIATE - \$300.00– Current through June 30, 2021</b> (does not receive public funding) ASSOCIATE membership includes all the rights and privileges of membership including the ability to vote. chairing or serving on committees, and attending all meetings, trainings and events at the member rate. Includes the ability to add on unlimited Affiliate memberships.
<input type="checkbox"/>	<b>AFFILIATE – DIRECTLY LINKED TO COMPREHENSIVE/ASSOCIATE MEMBER \$150.00 - Current through June 30, 2021</b> Affiliate memberships <b>must be associated with a current Comprehensive or Associate membership.</b> Affiliate members must be employed by the same agency as the Comprehensive member. Affiliate membership privileges include attending meetings, trainings, and events at the member rate and receiving all written communications that are received by the general membership. Please list names on back.
<input type="checkbox"/>	<b>RETIRED - \$100 (one time) – Retired but want to stay active, Includes the right to vote ans serve on committees</b>

## Locations

*Please add locations not listed on front*

Address	City, State, Zip	Capacity	Site Director/Administrator

## ADDITIONAL MEMBERS

*Please enter name, email address and membership type for each new member and/or member renewal within your agency.*

Name	Email	Comprehensive	Affiliates
	<b>TOTAL</b>		

**PAYMENT DETAILS:**    **Check enclosed**    **Send Invoice**    **Purchase Order#** \_\_\_\_\_    **Credit Card**

CARD NUMBER:	TYPE: VISA    MASTERCARD    EXP. DATE
NAME ON CARD:	CARDHOLDER ZIP CODE:
SIGNATURE:	DATE:

Thank you for your new and continued membership with EveryChild California. If you have any questions regarding membership, please contact us at [info@everychildca.org](mailto:info@everychildca.org) or 916-443-5919.

