



Ohio Association of Child Care Providers

FY 2011 Initial/Renewal Application

Center/Corporate Name: _____

Owner Operator Director Name: _____

Business Address: _____

City _____ State _____ Zip code _____

(Please include addresses and contact names for additional locations on a separate sheet.)

Mailing Address: (if different) _____

City _____ State _____ Zip code _____

Phone: _____ Fax: _____ Email: _____

of centers owned/operated _____ **TOTAL** # of licensed slots _____

Breakdown of slots by ages: _____ Infant _____ Toddler _____ Preschool _____ School age

We are excited to have you join OACCP!

Remember that your dues also include automatic membership in the National Child Care Association (NCCA).

Annual Fee: (July 1st thru June 30th)

Circle the fee(s) that applies to your organization.

Single Site Location		Multi-site Organizations	
# of Licensed Slots		# of Locations	
0-49 slots	\$165	3-5 locations	\$ 825
50-99 slots	\$220	6-10 locations	\$1,250
100-149 slots	\$275	11-20 locations	\$2,500
150+ slots	\$330	21+ locations	\$3,750

For organizations with two locations, add the two single site rates together.

/ / Vendor Membership: \$500 – Allows for advertising/link on OACCP website & vendor table at the OACCP annual meeting.

/ / Community Members/Student: \$25.00

/ / Teacher's Membership (from Member Centers): \$25.00

RETURN THIS FORM WITH YOUR CHECK OR MONEY ORDER TO: OHIO ASSOCIATION OF CHILD CARE PROVIDERS

Attention: Louanna Leonard
5815 Westbourne Avenue - Columbus, OH 43213
614/863-3500 ext.103

Please list
counties you
serve:

More? Add on
back!

Please use the reverse side of this form to tell us what time and talents you have to contribute. Committees in place include Membership Services, Legislative/Policy Advocacy, Conferences/Meetings & Communication (website, newsletters, press releases, etc). All organizations need willing volunteers to be successful. We are looking forward to working with you. Thank you for your support!