



## Membership Application

Indiana Association of Licensed Child Care Centers  
8420 Township Line Road  
Indianapolis, IN 46260

Annual Dues \$150 per Center  
Dues include membership to the National Child Care Association

Please complete a separate form for each center.

## Voting Representative

Company's Voting Representative to the State Association: Owner \_\_\_\_\_ Director \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

I would prefer to receive information by \_\_\_\_\_e-mail \_\_\_\_\_mail \_\_\_\_\_phone

I am interested in sharing my skills as a member of: \_\_\_\_\_Active Member

\_\_\_\_\_IALCCC Committee \_\_\_\_\_ IALCCC Committee Chairperson

\_\_\_\_\_ IALCCC Board of Directors

# Center Information

Name of Center \_\_\_\_\_ Year Opened \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ License Number \_\_\_\_\_

County \_\_\_\_\_ Licensing Region or Consultant \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website Address \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Days Open Each Week \_\_\_\_\_

Total Licensed Capacity \_\_\_\_\_ Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ 2-12 year olds \_\_\_\_\_

Directors Name \_\_\_\_\_

Number of Full-time Employees \_\_\_\_\_ Number of Part-time Employees \_\_\_\_\_

This center is (check one) \_\_\_\_\_ For-Profit \_\_\_\_\_ Not-for Profit

This center accepts CCDF Vouchers (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

List any accreditations: \_\_\_\_\_

Thank you so much for your interest in the IALCCC!

If you have questions, please email Linda Shaffer at [lindashaffer@indyemail.com](mailto:lindashaffer@indyemail.com)