



2005 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

Please complete the reverse side for center information.

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