

**2016 MADCA MEMBERSHIP FORM**

Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Contact Person \_\_\_\_\_ EMAIL \_\_\_\_\_

Work Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

**DUES INFORMATION**

*To Calculate Dues: Multiply .0013 by your Agency Annual Child Care Budget*

Maximum Dues: **\$6,000**

**Amount Due: Your Agency Total Child Care budget \$ \_\_\_\_\_ x .0013 =**

**Your 2016 MADCA Dues \$ \_\_\_\_\_**

Payment Method:

\_\_\_\_\_ Paid in Full

\_\_\_\_\_ Two Half Year Payments (Please Note Months)

\_\_\_\_\_ Quarterly Payments (Please Note Months)

Please Return Check and Form to: **MADCA**  
**405 Grove Street, 2<sup>nd</sup> Floor**  
**Worcester, MA 01605**

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Your Agency State Representative \_\_\_\_\_ Home \_\_\_\_\_

Your Agency State Senator \_\_\_\_\_ Home \_\_\_\_\_

How Many Centers in your Agency \_\_\_\_\_ FDC Providers (if applicable) \_\_\_\_\_

Pre School      School-Age      FDC      Infants      Toddlers      CPC

Licensed Capacity \_\_\_\_\_