

2019 MADCA MEMBERSHIP FORM

Agency _____

Address _____ City _____ State _____ Zip _____

Mailing Address _____

Contact Person _____ EMAIL _____

Work Telephone _____ Fax Number _____

DUES INFORMATION

To Calculate Dues: Multiply .0015 by your Agency Annual Child Care Budget

Maximum Dues: **\$7,000**

Amount Due: Your Agency Total Child Care budget \$ _____ x .0015 =

Your 2019 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, 2nd Floor
Worcester, MA 01605

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 _____