



## ACCESS MEMBERSHIP FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

### PROGRAM INFORMATION

Number of Families		Number of Staff		Number of Children	
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### TYPE OF AFFILIATION (check all that apply):

<input type="checkbox"/>	Family child care provider	<input type="checkbox"/>	School-age care provider
<input type="checkbox"/>	Not-for-profit child care center	<input type="checkbox"/>	Resource Development Center
<input type="checkbox"/>	For-profit child care center	<input type="checkbox"/>	Home visiting
<input type="checkbox"/>	Head Start, Early Head Start	<input type="checkbox"/>	Early intervention provider
<input type="checkbox"/>	Legal, unregulated provider (or <i>Care for ME</i> )	<input type="checkbox"/>	Advocacy Organization
<input type="checkbox"/>	Other (please list):		

### MEMBERSHIP DUES (Select A, B or C)

#### A. CHILD CARE PROGRAM MEMBERSHIP (based on Program Budget)

<input type="checkbox"/>	More than \$1 million/year	\$300/year
<input type="checkbox"/>	\$500,000 - \$1 million/year	\$200/year
<input type="checkbox"/>	Less than \$500,000/year	\$100/year
<input type="checkbox"/>	Additional donation	\$

#### B. FRIENDS/ALLIES MEMBERSHIP (for programs and organizations)

<input type="checkbox"/>	Name of organization:	\$100/year
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#### C. INDIVIDUAL MEMBERSHIP

<input type="checkbox"/>	Name:	\$25/year
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### CHECK-OFF BOX FOR IN-KIND SERVICE

<input type="checkbox"/>	Help with mailings	<input type="checkbox"/>	Make phone calls
<input type="checkbox"/>	Web-site maintenance	<input type="checkbox"/>	Data entry
<input type="checkbox"/>	Photo copying	<input type="checkbox"/>	Take minutes at meeting
<input type="checkbox"/>	Provide meeting space	<input type="checkbox"/>	Grant writing

Please make check out to: ACCESS, c/o KVCAP, 97 Water St., Waterville, ME 04901