



California Alternative Payment Program Association Affiliate Member Application

Fill In Your Contact Information

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____

Key Contact Name: _____

Phone: _____

Email: _____

Additional contacts to receive information from CAPP

Name: _____

Email: _____

Name: _____

Email: _____

Check Your Primary Area of Business

- County Department of Social Services
- Child care center
- Computer Hardware/Software
- Publishing
- Insurance Provider/Broker
- Legal Service
- Financial
- Marketing
- Consulting Professional Services
- Educational Services
- Background Screening
- School and Toy Supplier
- Other

Membership Fee Type

Affiliate Fees:

- Business & Associations, Child Care Centers, Counties & School Districts \$1000
- Individual (No affiliation) \$100

Membership enclosed: \$ _____

Additional Support for: \$ _____

- Data Collection
- Training
- Public Relations Campaign

Total Due: \$ _____

Make checks payable to CAPP

- I am interested in paying by credit card (processing fees apply). Credit card invoice will be sent if box is checked.

Please read and sign below

1. Affiliate membership in CAPP is open to entities or individuals providing services and products to the subsidized child care field.
2. Affiliate members are non voting members of CAPP.
3. Membership benefits begin with receipt of payment.
4. **Membership in CAPP is non-refundable.**

Signature: _____

Date: _____

Please complete this form and return it and your membership payment to:

CAPP
1451 River Park Drive, Suite 185
Sacramento, CA 95815

Questions: Contact Danielle at (916) 567-6797 or email danielle@cappaonline.com

Phone: (916) 567-6797
Fax: (916) 567-6790
www.cappaonline.com