



California Alternative Payment Program Association Center Member Application

Fill In Your Contact Information

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____

Key Contact Name: _____

Phone: _____

Email: _____

Membership Fee Type

Center Fees:

Child Care Centers \$1,000

Membership enclosed: \$ _____

Additional Support for: \$ _____

More tailored support of individual agencies, ability to pay for legal and HR supports, enhanced regional trainings, improving data collection, and more.

Total Due: \$ _____

Make checks payable to CAPP A

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

Additional contacts to receive information from CAPP A

Name: _____

Email: _____

Name: _____

Email: _____

Please read and sign below

1. Center Members are owners and managers of early care and education centers throughout California.
2. Center members are non voting members of CAPP A.
3. Membership benefits begin with receipt of payment.
4. **Membership in CAPP A is non-refundable.**

Signature: _____

Date: _____

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

CAPP A
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