



CAPPA Center Member Application 2012-2013

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

Total amount due: \$ _____

Make checks payable to CAPPA

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

Signature: _____

Date: _____

Additional contacts to receive information from CAPPA

Name: _____

Email: _____

Name: _____

Email: _____

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

CAPPA
1540 River Park Drive, Suite 209
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