



Rhode Island Child Care Directors Association

CENTER DIRECTOR MEMBERSHIP FORM

09/01/2011–08/31/2012

CENTER NAME: _____

DIRECTOR NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

LICENSED CAPACITY: Infant/Toddler _____ Preschool: _____ School Age: _____

Number of children enrolled: _____

Circle all that apply:

Private Non-Profit Single site Multi-site(same FIEN number for all sites)

JOIN TODAY!

\$150.00

Annual Membership for 9/1/2011-8/31/2012

Please return form to: RICCDA , PO Box 742, East Greenwich, RI 02818

FOR OFFICE USE ONLY:

DATE REC'D: _____ CHECK NUMBER _____ MEMBERSHIP NUMBER: _____