

Membership Form

Please provide your contact information:
ORGANIZATION:
MAIN CONTACT PERSON:
ADDRESS:
POSTAL CODE:
TELEPHONE NUMBER:
EMAIL:

TCBCC Membership

Annual Individual Membership:

- | | | |
|-------------------------------------|----------------|----------|
| <input type="checkbox"/> Individual | \$35.00 | |
| <input type="checkbox"/> Student | \$35.00 | \$ _____ |

Annual Organizational Membership:

- | | | |
|--|-----------------|----------|
| <input type="checkbox"/> Child Care Centre (Over 75 children) | \$290.00 | |
| <input type="checkbox"/> Child Care Centre (Under 75 children) | \$240.00 | \$ _____ |

Multi-Site contribution \$ _____

Annual Community Organizational Membership:

- | | | |
|--|-----------------|----------|
| <input type="checkbox"/> Resource Centre, Community Centre | \$100.00 | |
| <input type="checkbox"/> Small local group, less than 100 people | \$100.00 | |
| <input type="checkbox"/> Large local group, more than 100 people | \$300.00 | \$ _____ |

Donation

I/We would like to make a donation to support the work of the TCBCC

In the amount of: \$100 _____ \$50 _____ \$25 _____ other \$ _____ \$ _____

TOTAL: \$ _____

Please make your cheque payable to the **Toronto Community for Better Child Care** and send your payment with a copy of this form to:

Toronto Community for Better Child Care
PO BOX 281, TORONTO F
Toronto, ON
M4Y 2L7

Thank you for being a part of the Toronto Child Care Community!