

SC Association of Early Care and Education

Membership Information

Membership in the SCAECE is the fiscal year September 1 – August 31. According to Association bylaws, members who do not renew their membership by November 1 each year are expired. All new members that join after November 1 must pay membership dues in full for the current year.

Please provide the following information:

Center Name _____
 Owner/Director Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

I wish to receive email information from SCAECE.

License No. _____
 Licensed Capacity _____
 No. Full-time staff _____
 No. Part-time staff _____
 For Profit _____ Non-Profit _____
 NECPA Accredited: Yes _____ No _____
 NAEYC Accredited: Yes _____ No _____
 Programs of Distinction: Yes _____ No _____
 Other: _____

Dues Information

A. SCAECE Annual Membership Dues (Includes \$55 dues for membership to the National Child Care Association.)

- Licensed capacity of **less than 50 children** \$150
- Licensed capacity of **51-150**.....\$250
- Licensed capacity of **more than 150 children**\$350

Section A Total: _____

B. Multiple Center Membership \$75

Fee is per additional center.
 Number of centers _____ x \$75

Section B Total: _____

C. Business Associate Membership \$250

Membership includes a listing on SCAECE website,
 a "Spotlight" business article on website;
 type of business/product represented _____

Section C Total: _____

D. Friend of Licensed Child Care Membership \$50

Please use reverse side of form to list contact information.

Section D Total: _____

E. Family Child Care Homes \$25

Section E Total: _____

F. Individual Teacher Membership.....\$25

Section F Total: _____

G. Additions to SCAECE mailing list.....\$15

Please use reverse side of form to list contact information.
 Number of Addresses _____ x \$15

Section G Total: _____

H. Contributions to Lobbyist Fund \$ _____

Check here if you are interested in serving on a SCAECE Committee.

TOTAL DUE: _____

- Legislative Public Relations Membership
 Regulatory Professional Development

Payment Information

Payment may be made by MasterCard, VISA or American Express. Circle one or make check payable to **SCAECE**.

Credit Card No. _____ Expires: _____ Security Code: _____

Signature: _____ Billing Zip Code for Credit Card: _____



Contributions and membership dues to this organization are not tax deductible as a charitable donation. Eighty percent of contributions and membership dues are attributable to lobbying and are not tax deductible.

Thank you for your membership!

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