

Mississippi Association of Child Care Agencies (MACCA) Join / Renewal Form

Please indicate your agency's annual budget below:

<u>Annual Operating Budget</u>	<u>Annual Dues</u>
<input type="checkbox"/> Up to \$500,000	\$500.00
<input type="checkbox"/> \$500,001 to \$1,900,000	\$1,000.00
<input type="checkbox"/> \$1,000,001 to \$2,000,000	\$2,000.00
<input type="checkbox"/> \$2,000,001 to \$4,000,000	\$2,500.00
<input type="checkbox"/> \$4,000,001 to \$6,000,000	\$3,000.00
<input type="checkbox"/> \$6,000,001 to \$8,000,000	\$4,000.00
<input type="checkbox"/> \$8,000,001 to \$10,000,000	\$6,000.00
<input type="checkbox"/> Above \$15,000,000	\$7,500.00

Each agency is to designate two members to serve on the MACCA Board – one voting member and one at large. Please identify both members below and indicate which is the voting member.

AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

NAME OF VOTING MEMBER _____

E-MAIL _____

NAME OF VOTING MEMBER _____

E-MAIL _____

- OUR AGENCY HAS CHOSEN TO PAY OUR ANNUAL DUES IN FULL AT THIS TIME
AMOUNT INCLUDED \$ _____ CHECK # _____
- OUR AGENCY WISHES TO PAY ½ OF OUR DUES NOW AND ½ IN JUNE
AMOUNT INCLUDED \$ _____ CHECK # _____

Please return this form with the appropriate dues by February 1 to:
MACCA | PO Box 15011, Hattiesburg, MS 39404