

MEMBERSHIP APPLICATION

Membership Category

Price

_____	Parents/Individuals	\$10.00
_____	Child Care Director	
_____	Child Care Provider	

Membership Information

First Name	Last Name
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Organization Name

Address

City	State	Zip Code
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Phone Number

Method of Payment

_____ Check **** NO REFUNDS****

_____ Cash

Payable to:
Carteret County
Partnership for Children

ID Number _____ (To be filled in by CCR&R staff)