

Mono County Child Care Council

Mono County Child Care Council



Membership Application

Our Mission is to promote the availability of safe, affordable, high quality child care services throughout Mono County.

- ___ Please add my name to your mailing list so I can receive meeting agendas.
- ___ I will commit myself to regular participation on the Planning Council, and wish to be considered an **alternate** (non-voting member).*
- ___ I will fully commit myself to participation on the Planning Council. I wish to be considered a **voting member**.*

*** Please attach a letter of intent with a brief background statement (Please include information pertaining to the membership category you are applying for. For example, if you are applying to represent a public agency, provide information about how your knowledge of the agency you represent would benefit the Council and out goals.).**

Membership Category

- ___ Consumer of child care (parent with children in child care)
- ___ Provider of child care (family child care or center based staff/director)
- ___ Public agency representative
- ___ Community representative

Name: _____

Mailing Address: _____

Email Address: _____

Work Phone: _____ Home Phone: _____

Please return your membership application to:

Mono County Child Care Council - IMACA; PO Box 8571; Mammoth Lakes, CA 93546
Phone: (760) 934-3343 Fax: (760) 934-2075

