



**Association of Christian Childcare Administrators  
Membership Form**

c/o Heather Charles, Coordinator  
700 E. 4th Street  
Sand Springs, OK 74063

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Agency: \_\_\_\_\_

How long have you been employed by this Agency? \_\_\_\_\_

Position: \_\_\_\_\_ Is the CEO of this Agency a member of ACCA? \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Sponsored by: (Church, Civic Organization, etc.) \_\_\_\_\_

Is the Agency a 501 (c) 3 Agency? \_\_\_\_\_

Do you occupy a full-time paid executive or administrative position with planning and policy-making responsibilities? \_\_\_\_\_

**MEMBER FEES:**

**Individual Membership Fee - \$200**

**Non-Affiliate Corporate Fee - \$500**

**Non-Affiliate Individual Fee - \$250**

Referred by: \_\_\_\_\_