

Association for Better Childcare Membership Application Agreement Form

As a member of the Association for Better Childcare (also known as ABC), I understand that my dues of \$30.00 will go toward the cost of advertising, referral expenses, and any other expenses associated with the running of ABC. Memberships will be for one year, starting in September and ending in August, and are renewable each year in September. The membership dues are non-refundable.

I also understand that my name will remain on the referral list as long as my dues are paid and current and I continue to attend meetings and social events. If I miss a meeting/social, my name will be removed from the referral list until I attend the next meeting/social. I will be given one free pass that I can use at any time if I miss a meeting/social and my name will remain on the referral list. Meetings/socials that are required are held the second Monday of each month in January, February, March, April, May, September, October, and November. I also understand it is my responsibility to keep the referral specialist informed when I am full or have openings. I may also opt to have my name and information removed from the list.

As a member I also understand that if operating costs run higher than what is brought in by dues it may become necessary to volunteer my time and/or talents for a fundraiser.

As a member of ABC I make the following promise and material representations as to my character and qualifications:

I have never been arrested for, charged with, or convicted of child abuse, child endangerment, sexual assault, or any felony.

I acknowledge ABC is in no way responsible for my childcare business which I operate as my own independent contractor and hereby release ABC from any and all liability for claims arising from the operation of my childcare business.

My signature below reflects my total understanding and agreement with the above statement.

Name: _____ Birthday: _____

Phone: _____ Email: _____

Address: _____ City: _____

Zip Code: _____ Spouse: _____

Your own kids and their ages: _____

How long have you been doing daycare: _____

What ages of children are you looking for: _____

What school/s are in your area: _____

Are you registered: _____

Signature: _____ Date: _____

Please return form and a \$30.00 check made payable to: Association for Better Childcare

Mail to: Tracy Clark, 1441 39th St Place, Marion, IA 52302