



# Child Care in Health Care

National Association of Hospital  
Affiliated Child Care Programs

<http://www.childcareinhealthcare.org/>

## 2010 CCHC MEMBERSHIP APPLICATION

### SECTION I - MEMBERSHIP SELECTION:

*It is very important to complete all the information in each section every year so that annual benchmark data points can be created. Demographics are critical in order for each center to be included when looking at "norms." Data Points are published each fall and are distributed to all CCHC members.*

Check One: Renewal  New Member

#### Regular Center-Based Membership (Select ONE)

- Single Site Center Affiliated with Health Care Organization – \$175 (Includes CCIE)\*
- Individual in Support Management Role (i.e., assistant director, program coordinator, business manager, etc.) in a Single Site CCHC Member Center – \$60 (CCIE subscription not included)\*
- Additional Center that is **Affiliated with the Same Health Care Organization** whose Center is a Current CCHC Member in the **Same City**– \$60 (CCIE subscription not included)\*

#### Associate Membership (Select ONE) (CCIE magazine subscription is included)

- Retiree – \$75
- HR Executive – \$100
- Individual – \$175
- Vendor – \$275
- Consultant – \$275
- Rep of Corporate Child Care Company – \$275

### SECTION II - MEMBER INFORMATION: Please complete the following information.

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

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Name of Affiliated Hospital/Organization: \_\_\_\_\_

Center Name (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Yes, I want to receive the CCIE Subscription if my application is received before **March 1** \*

No, I do not want to receive the CCIE Subscription even if my application is received before March 1 \*





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## RETIREE AGREEMENT

If you have applied to become an *“Associate Member”* at the *“Retiree”* level, please complete the following Retiree Agreement: **If not, you may disregard this page.**

I, \_\_\_\_\_, have elected to apply for membership in CCHC as a Retiree. In the event that I become employed by, or contract with, an organization in a consultative role from which information or data gained from any CCHC resources may be used, I agree to upgrade my membership to the Associate-Consultant Level (\$275) to adequately reimburse CCHC for information gained.

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