



Membership Sign-Up

Name: _____ DOB M/D ___/___

Business Name: _____ Email: _____

Address: _____ City _____ Zip Code _____

Surrounding Location: _____ Ages served: _____

Phone: _____ Cell: _____

Please choose a USER NAME _____ PASSWORD _____ to enter CCS member's area

Type of Childcare Facility	State Licensed	# of Years in Childcare
<input type="checkbox"/> Family Childcare Home I	<input type="checkbox"/> Yes	_____
<input type="checkbox"/> Family Childcare Home II	<input type="checkbox"/> No	
<input type="checkbox"/> Child Care Center		
<input type="checkbox"/> Accredited Facility		
<input type="checkbox"/> Small Family Permit		

- Would you like to be listed in the ChildCare Share Member Directory? Yes No
- Do you give your permission allowing CCS representatives to add your childcare information to the website? Yes No
- Do you GRANT CCS representatives to link your member box to your Tier I listing (for advertising/referral purposes?) Yes No
- Photo, Video, and Media Consent - I grant full permission to Childcare Share, and its members, to take my photograph and use it for purposes to benefit Childcare Share. I understand Childcare Share has no obligation to compensate me in any way for any such use(s). _____

Member Signature

Date

***Childcare Share is the owner of all photos taken and shall remain the owner of all rights including copyright.*

Would you be interested in sharing your time and/or talents in any of the following areas?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Advertising/Publicity | <input type="checkbox"/> Conference/Community Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Welcome | <input type="checkbox"/> Mentor | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Program Design | <input type="checkbox"/> Website/Internet | <input type="checkbox"/> Other |

If marked other, please describe: _____

Membership \$25 _____ Membership (12 months) Due Annually

Date Joined ___/___/___ Cash _____ Check _____ CK# _____ Membership Expires ___/___/___

**MAKE YOUR CHECKS PAYABLE TO CHILDCARE SHARE LINCOLN. IF MAILING - MAIL MEMBERSHIP PAYMENT TO:
CCS C/O CARRIE SULLIVAN, 909 BUTLER AVENUE, LINCOLN, NE 68521**



Ways I can help.....

- Call members to remind them of in-service
- Set up welcome table at monthly in-service
- Pass out evaluation forms and certificates after monthly in-service
- Keep snack list and call to remind people that signed up
- Pass out member certificates at monthly in-service
- Keep hospitality tub and return it to each monthly in-service
- Greet and welcome members at monthly in-service
- Prepare and clean up snack table at month in-service
- Call new providers and introduce the group to them
- Be a mentor and be willing to answer new providers questions
- Help the program chair with phone calls
- Help program chair with set up of room at in-service and replacing arrangement after in-service
- Willing to learn how to maintain our CCS website (FrontPage software required)
- Willing to help on newsletter - gather information, edit monthly
- I have Window XP / Microsoft Office including -Word/ Publisher/Front Page - and I know my way around the computer

Name: _____

Email: _____

Address: _____ City _____ Zip Code _____

Phone: _____

I've been a member of ChildCare Share Lincoln since: _____

www.childcaresharelincoln.net