

CCPPNS Membership Renewal Form

Date: _____ (Be sure to include the year.)

School Information

School Name: _____

Address: _____

Mailing Address: _____

City, State, Zip: _____

Area: (North or South) _____ Council: _____

Phone: _____ Email: _____

License & Insurance Information

California Council requires its members be licensed or fall under the jurisdiction of a school district, city or county.

License Type: _____ License Expiration: _____

California Council requests the following information for our records.

Liability Ins.: _____ Ins. Expiration: _____

Student Accident Ins.: _____ Ins. Expiration: _____

Program Information

Number of Families: _____ Number of Children currently enrolled: _____

Classes available: _____ Max. Number of Children allowed: _____

I certify that the above information is correct.

Director's Name | **Director's Signature**

CCPPNS Dues: _____
Total dues owed: _____

Return to: Marguerite Baldwin
3820 Wanda Ct.
Auburn, CA 95602

For information contact:
Marguerite Baldwin 530-878-0703 or mbaldwin2@usamedia.tv

Make check out to CCPPNS

Documentation required:

Current copy of license from DSS

Copy of certificate of insurance