

# 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 Insurance:

Student Accident Insurance:

Carrier: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Policy number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Our school is declining to carry Directors and Officers Insurance. \_\_\_\_\_ initial here

## 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:** \_\_\_\_\_

Council Member School \$65.00

**Other** \_\_\_\_\_

Independent Member School \$70.00

**Total dues owed:** \_\_\_\_\_

**Return to:** Joyce A. Woodruff

**Make check out to CCPPNS**

7300 Manchester Avenue

*Documentation Required:*

Los Angeles, CA 90045

**Current copy of license from DDS**

**For Information contact:**

**Copy of certificate of insurance**

Joyce Woodruff: (310) 670-5522

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