

# CCPPNS New Membership Form 2002-2003

Area: North or South	Contact Phone number:
Council:	School Phone number:
	email address:

## School Information

School Name
Address
Mailing Address
City,State,Zip

## License & Insurance Information

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

License Type- DSS #	License Expiration- Open
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California Council requests the following information for our records:

Liability-	Expiration-
Student Accident-	Expiration-

## Program Information

# of families-	# of children enrolled-
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**Classes available**

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**Maximum # children allowed**

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

I certify that the above information is correct.

\_\_\_\_\_  
**Director's name**

\_\_\_\_\_  
**Director's Signature**

*CCPPNS Dues	\$ 50.00
or **CCPPNS IM Dues	\$60.00
or ***CCPPNS PPES Dues	\$75.00
Council Dues	_____
<b>Total dues owed</b>	_____

<b>Return to:</b> Marguerite Baldwin 3820 Wanda Ct. Auburn, CA 95602
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**Make check out to:**

- \*local council
- \*\*CCPPNS
- \*\*\*CCPPNS

Council Dues are determined by each Council  
 ex: # of families X \$ the council collects per family

for information please contact:

Marguerite Baldwin  
 530-878-0703  
 email- mbaldwin2@jps.net