

CCPPNS Membership Renewal Form

January 2016 - December 2016

Date Submitted: _____

Area: _____

Phone number: _____

Council: _____

email address: _____

Director's email address: _____

School Information

School Name _____

Site Address _____ City, State, Zip _____

Legal 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- _____ License Expiration- _____

California Council requests the following information for our records:

Liability- _____ Expiration- _____

Student Accident _____ Expiration _____

D&O Insurance _____ Expiration- _____

Federal ID# _____ State ID# _____

Check here if school declines D & O Insurance _____

Program Information

of families- _____ # of children enrolled- _____

Classes available _____ Maximum # children allowed _____

I certify that the above information is correct.

Director's name _____

Director's Signature _____

	balance
CCPPNS dues for 2016	
Council school due \$75.00	
IM school due \$80.00	
Total Dues owed	

Thank you

Return to: CCPPNS Membership Chair
C/O Joyce Woodruff
7300 W. Manchester Ave
Los Angeles CA 90045
310 626 3292

Make check out to CCPPNS

Documentation required:

- Current copy of license from DSS
- Current copy certificate of insurance
- Current copy of Non Profit Status

for information please contact:

Joyce A. Woodruff
310 626 3292
email- turkeychick99@gmail.com

Council dues are determined by individual councils. You will be billed separately by your area council.

Please take time to fill out the form in full and edit any new or incorrect information. Please send back with check.