Manitoba Child Care Association
2nd Floor, 2350 McPhillips St.
Winnipeg, Manitoba
R2V 4J6

Fax: 204-589-5613
Phone: 204-586-8587

Visit us online at
www.mccahouse.org

For office use only:	
Date Received:	
Cheque #:	
Amount:	
Date entered:	

MONTHLY MEMBERSHIP REMITTANCE FORM

CENTRE NAME:	
MCCA#	EMAIL:
PHONE:	FAX:

Remittance submitted for period:
to be submitted by the first week of the following month

☐ January	☐ May	☐ September
☐ February	☐ June	☐ October
☐ March	☐ July	☐ November
☐ April	☐ August	☐ December

To view our Privacy Policy Statement on protection of member's personal information, visit our website at www.mccahouse.org.

Please note: if you have employees that are new or are no longer employed at the centre please attached the following documents with this remittance.
A) NEW MEMBER APPLICATION FORM
B) CHANGE OF MEMBER INFORMATION FORM

					ECE II/III		CCA	
					Full Time 25 hrs. or more p/w	Part Time less than 25 hrs. p/w	Full Time 25 hrs. or more p/w	Part-Time less than 25 hrs. p/w
					ECE II/II	ECE II/III	CCA	CCA
Member Name	MCCA #	Indicate E-Enrolled TM-Terminated T-Transferred	HSP Y	N	$17.34 per month	$10.34 per month	$9.34 per month	$6.34 per month
Subtotals								
Total submitted for the month								

*****Please make a copy of this form for future use***

25 hrs. or more p/w