

## 2016-2017 Membership Application

Prorated amount starting January 1, 2017

**Membership Categories:** \* Please see the PACE website ([www.paceca.org](http://www.paceca.org)) for more information on the qualifications for each membership category.

- CENTER/SCHOOL MEMBERSHIP (Primary) –  Small \$199 yr (under 40)  Medium \$299yr (41-100)  Large \$399yr (101 and higher)  Extra Large Multi (over 25 sites)\$1499yr  
 INDUSTRY PARTNER/VENDOR (Primary) - \$250/yr (through June 30, 2017)  INDIVIDUAL/STUDENT (Primary) - \$75/yr (Education Membership)

For "Additional/Same Company" option, please list the Primary Member's name \_\_\_\_\_

Name of applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
 Badge First Name Preference: \_\_\_\_\_ Certification: \_\_\_\_\_  
 Company name: \_\_\_\_\_ Date Founded: \_\_\_\_\_  
 Company address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

I understand that by providing my fax number and email address and signing this application, I consent to receive faxes and emails sent by or on behalf of PACE (and its sponsors and affiliates).

**How did you hear about PACE?**  PACE Email  PACE Mailing  PACE Website  Other \_\_\_\_\_  Referred By: \_\_\_\_\_

**Why are you joining PACE (check all that apply)?**  Access to up-to-date Industry Information  Membership Directory Access  Networking  
 Professional Development  Insurance Programs  Legal  Human Resources  Other: \_\_\_\_\_

**Who would you most like to network within PACE (check all that apply)?**

- Owners/Directors  Teachers  Education/Training Professionals  Vendor/Supplier Members  Finance/Accounting  Government Relations  
 Information Technology and Website  Legal  Marketing/Communications  Licensing  
 Other (list specific names, if known): \_\_\_\_\_

I am hereby applying for membership in the Professional Association for Childhood Education (PACE) and agree to abide by its Bylaws, support its objectives and interests, and to pay such dues as established for membership.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### CENTER MEMBER APPLICANTS ONLY SHOULD COMPLETE THE FOLLOWING:

**Please check all that apply and complete requested information for all sites:**

- I am a member of the PACE Safety Group My Broker is:  BB&T Insurance  Uren & Myers Insurance Insurance Expiration Date: \_\_\_\_\_  
 Infant/Toddler Capacity: \_\_\_\_\_ License #: \_\_\_\_\_  Preschool License Capacity: \_\_\_\_\_ License #: \_\_\_\_\_  School Age Capacity: \_\_\_\_\_ License #: \_\_\_\_\_  
 Ages Served \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ Total number of staff: \_\_\_\_\_ Number of staff with: 2 year degree: \_\_\_\_\_ 4 year degree: \_\_\_\_\_ Program  
 Philosophy (e.g. Developmental, Montessori, etc.): \_\_\_\_\_ My center(s) are (check all that apply):  Private  Non-Profit  For-Profit  
 Public Agency  Title V  Title XXII  Other \_\_\_\_\_  
 Accredited by: \_\_\_\_\_  N/A Member of other Associations  Yes  No If yes please lists other Associations: \_\_\_\_\_

#### Membership Dues & Payment Information:

Dues rate, small medium or large, for dues is determined by your largest (by License Capacity) site. For a center with multiple sites (physical locations) Each additional site is only \$100 up to 5 sites. For centers with 6 - 25 sites add only \$400 for all your sites to be members

<b>My largest site is, this is my base rate (Please check one):</b>	Due Rate(selected to the left)	= \$ _____
<input type="checkbox"/> Small \$199/yr (license capacity under 40)	Number of additional sites: _____x\$100 (Max \$400)	+\$ _____
<input type="checkbox"/> Medium \$299/yr (license capacity 41-100)	One-time application fee (\$60)	+\$ _____
<input type="checkbox"/> Large \$399/yr (license capacity 101 and higher)	PACE Legislative Fund Donation	+\$ _____
<input type="checkbox"/> Extra Large Multi \$1499/yr (over 25 sites)	PACE Education Fund Donation	+\$ _____
	<b>Total Owed</b>	= \$ _____

Have I completed the following?  Site Information filled out for each site  Copy of DSS License(s)  Membership dues payment

### INDUSTRY PARTNER MEMBER APPLICANTS ONLY SHOULD COMPLETE THE FOLLOWING:

**Company type (check all that apply):**  Insurance/Risk Management Services  Human Resources  Marketing/Communication  Early Learning Materials  
 Non-Profit Resources  Technology  Other \_\_\_\_\_

**Geography (check one):**  National  State  Regional-Local

**I am interested (check all that apply):**  Partnership  Advertising  Sponsorship Opportunity  Exhibiting  Presenting

### PAYMENT OPTIONS:

Bill Me  Check  Visa  MasterCard  American Express

Account #: \_\_\_\_\_ CSV: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Dues should be submitted with application to:  
**PACE 436 14th Street, Suite 1313, Oakland, CA 94612-2703**  
 Tel: (800) 924-2460 [info@paceca.org](mailto:info@paceca.org) [www.paceca.org](http://www.paceca.org)

Dues to PACE are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. However, a portion of your dues is not deductible as a business expense to the extent that PACE engages in lobbying. The nondeductible portion of dues is 15 percent.