

**National Indian Child Care Association  
(NICCA)  
Membership Form FY 2009**  
Membership for October 1, 2008 – September 30, 2009

Name \_\_\_\_\_

Tribe/Consortium: \_\_\_\_\_ Region: \_\_\_\_\_ N/A \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mission Statement:** The mission of the National Indian Child Care Association is to advocate for quality child care and development, provide leadership and support, and collect and disseminate information on behalf of Native American communities.

Membership into NICCA is an allowable CCDF expenditure and benefits you by providing information regarding:

- Tribal Opinions for recommendations on Child Care
- Child Care issues and updates
- Other issues and updates
- Other information pertaining to tribal child care issues

\_\_\_\_\_ Full membership (Tribal CCDF Grantees Only) 150.00  
(Payable to NICCA)

\_\_\_\_\_ Associate membership – 50.00 (payable to NICCA)  
Non – Voting Members

<p><b><i>Send check or purchase order payable to:</i></b> <b>National Indian Child Care Association</b> <b>C/O Eloise Locust</b> <b>PO Box 2146</b> <b>Tahlequah, OK 74465</b></p>
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Please join now : visit our website at [www.nicca.us](http://www.nicca.us)

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(OFFICE USE ONLY)

Date Received: \_\_\_\_\_ P.O./Check: \_\_\_\_\_

Type of Member \_\_\_\_\_ Full Member (Tribal CCDF Grantee) \_\_\_\_\_ New \_\_\_\_\_ Area \_\_\_\_\_  
\_\_\_\_\_ Associate Member \_\_\_\_\_ Renew \_\_\_\_\_