



Central California Association for the
Education of Young Children

COMPREHENSIVE MEMBERSHIP AWARD

Name: _____

Address: _____

Phone Number: () _____

PLACE OF EMPLOYMENT: _____

POSITION: _____

Are you a current member of CCAIEYC? yes no

If yes what is your membership number _____

Please attach:

1. A letter of request for a comprehensive membership. Indicate what role you have played in your community's Early Care and Education programs. How will becoming a comprehensive member increase your interaction with other Early Care and Education professionals? And, list the CCAIEYC activities that you have participated in.

2. A letter of recommendation from either your employer, or an Early Care and Education professional or a CCAIEYC Board member.

APPLICATION DUE NO LATER THAN *FEBRUARY 1ST*

One comprehensive membership will be awarded annually. Notification of award will be made by June 30th. Please send application and letter to:

CCAIEYC
PO Box 3892
Pinedale, CA 93650-3892

Questions? Call (559) 320-5850 or email ccaieyc1@sbcglobal.net

CCAIEYC use only

- Letter of request
- Letter from employer, ECE or Board member
- CCAIEYC membership number _____
- Date received _____