

2018-2019 Membership Application

*Dues prorated on a quarterly basis

Membership Categories: * Please see the PACE website (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, 2019) **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 4 sites. For centers with 5 - 25 sites add only \$400 for all your sites to be members

My largest site is, this is my base rate (Please check one):

<input type="checkbox"/> Small \$199/yr (license capacity under 40)	Due Rate(selected to the left)	= \$ _____
<input type="checkbox"/> Medium \$299/yr (license capacity 41-100)	Number of additional sites: _____ x \$100 (Max \$400)	+ \$ _____
<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	+ \$ _____
		Total Owed = \$ _____

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**
1 Capitol Mall, Suite 800, Sacramento, CA 95814
Tel: (916) 669-5311 Fax: (916) 444-7462
ewise@amgroup.us • 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.