

# PROFESSIONAL CHILD CARE PROVIDER NETWORK OF PRINCE GEORGE'S COUNTY, INC.



## Membership Application January 1, 2026 - December 31, 2026

**REGISTERED MEMBERS:** All MSDE registered/licensed may apply to the Board of Directors to become Registered Members of the Association upon payment of dues. Registered Members are eligible for Full Membership Benefits.

**ASSOCIATE MEMBERS:** Any individual, group, or association interested in promoting quality childcare; included but not limited to childcare center staff, spouses, substitutes, assistants, and parents of children in care, may apply to the Board of Directors for membership and become a non-voting Associate Member of the Corporation upon payment of dues.

### **REGISTERED Membership Benefits**

- Free, discounted, & low-cost training opportunities.
- Email notifications of training and information pertaining to early childhood education and childcare.
- Newsletters
- General Meetings
- Technical Assistance (CDA, Credentialing, Accreditation, EXCELS)
- Resource Guide
- Mentoring
- Networking Opportunities
- One Professional Unit towards participation in the credentialing program. (Additional PAU opportunities.)
- Opportunity for member and children enrolled in their program to participate in PCCPNPGC, Inc. Preschool Graduation
- Voting Rights
- Opportunity for inclusion in PCCPNPGC, Inc. Child Care Directory. (For registered/licensed childcare providers only. One entry only per childcare center.)
- Option to become a member of Maryland State Child Care Association (Benefits include MSFCCA quarterly meetings and discount to the MSFCCA Conference.

### **ASSOCIATION Membership Benefits**

Includes all benefits listed above for Full Membership with the exception of voting rights.

### **PAYMENT INSTRUCTIONS**

**CHECKS & MONEY ORDERS:** Please make checks and money orders payable to: **PCCPNPGC, Inc.**  
(There will be a \$50.00 returned check fee for any checks returned)

### **ELECTRONIC PAYMENTS:**

- **Zelle – [pccpnpgc@icloud.com](mailto:pccpnpgc@icloud.com)** (No processing fee when paying through Zelle)
- **Contact Name:** Phyllis Lawrence

**(PLEASE KEEP THIS PAGE FOR YOUR RECORDS)**



# PROFESSIONAL CHILD CARE PROVIDER NETWORK OF PRINCE GEORGE'S COUNTY, INC.

## Membership Application

Please complete the membership application below and submit with the appropriate membership fees by:

- **Checks & Money Orders** - Payable to **PCCPNPGC, Inc.** mailed to LaShawn Jackson, 3458 Brinkley Rd, Apt # 304; Temple Hills, MD 20748. E-mail Membership Application to [lashawnjackson710@gmail.com](mailto:lashawnjackson710@gmail.com)
- **Zelle** – [pccpnpgc@icloud.com](mailto:pccpnpgc@icloud.com) (No processing fee when paying through Zelle)  
**Contact Name:** Phyllis Lawrence (Also see page 1 of Membership Application)

Name: \_\_\_\_\_ Birth Month \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

### PCCPNPGC, Inc. MEMBERSHIP FEES

PCCPNPGC, Inc. Membership Fee (\$45.00) ..... \$ \_\_\_\_\_

Please check the appropriate boxes below:

- Registered Member - Registration/license (required): \_\_\_\_\_ Capacity: \_\_\_\_\_
- Associate Member

MSFCCA Membership (\$10.00 Fee) ..... \$ \_\_\_\_\_

- MSFCCA Membership is only available to Registered Members of PCCPNPGC, Inc.

**TOTAL DUES BEING SUBMITTED...\$ \_\_\_\_\_**

I give PCCPNPGC, Inc. permission to use my above listed information for PCCPNPGC, Inc. Membership purposes and to share with Maryland Stated Family Child Care Association if I am applying for a MSFCCA Membership.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**There will be a \$50.00 Returned Check Fee!! Membership fees are non-refundable/non-transferable!!!**

**PCCPNPGC, Inc. Membership Cards:** Membership cards will be issued as soon as your membership application and your full membership fee is received and processed if paid by cash, money order or electronic payment. There will be a 10-day waiting period for cards/certificates to be issued with check payments. MSFCCA will issue their card once we send them your information, and the application is processed. **The replacement fee for lost cards is as follows:** PCCPNPGC, Inc., the replacement card fee is \$5.00. You have to go through MSFCCA to replace their card. A replacement fee may apply.

### **I am interested in joining the following committee(s):**

Education \_\_\_\_\_ Public Policy \_\_\_\_\_ Newsletter \_\_\_\_\_ Resource Guide \_\_\_\_\_ Website \_\_\_\_\_ Conference \_\_\_\_\_  
Fundraising \_\_\_\_\_ Membership/Marketing \_\_\_\_\_ Child Care Directory \_\_\_\_\_ Grant \_\_\_\_\_ Communication \_\_\_\_\_  
Provider Appreciation \_\_\_\_\_ Graduation \_\_\_\_\_ Hospitality \_\_\_\_\_ Sunshine Committee \_\_\_\_\_

#### **FOR USE BY THE OFFICE OF THE FINANCIAL SECRETARY ONLY:**

Date Membership Application & Dues Received: \_\_\_\_\_  
Amount Received: \$ \_\_\_\_\_  
Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Electronic Payment: \_\_\_\_\_  
Money Order#: \_\_\_\_\_  
Verified by: \_\_\_\_\_

(FINANCIAL SECRETARY)

#### **FOR USE BY THE OFFICE OF THE MEMBERSHIP CHAIR ONLY:**

Date Membership Application Received: \_\_\_\_\_  
License#: \_\_\_\_\_ Capacity: \_\_\_\_\_  
PCCPNPGC, Inc. #: \_\_\_\_\_ MSFCCA#: \_\_\_\_\_  
Date Membership Cards Issued: \_\_\_\_\_  
Verified by: \_\_\_\_\_

(MEMBERSHIP CHAIR)