

SISKIYOU COUNTY
LOCAL CHILD CARE PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Phone Number: _____

Organization: _____

Title: _____

Membership Category:
(Check **all** that apply)

- Parent (who receives, or has received within the past 36 months, child care services)
- Early Care & Education Provider
- Community Organization or Business Representative
- Public Agency Representative
- Other: _____

I am interested in serving on the Siskiyou County Local Child Care Planning Council for the following reason(s):

Please state your qualifications related to your interest in child care.

DATE: _____

SIGNATURE: _____

Return to Cathy Scott, P.O. Box 500, Weed, CA 96094
Fax: 530-938-2741
or cscott@siskiyoucoe.net