

2018-2019 Saskatchewan Early Childhood Association

Name of Member/Centre				
Telephone	Mailing Address			
City	_ Postal Code	Contact Name		
Email				
Are you licensed through the Ministry of Education? Y/N License Number				
*License is not required to be a SECA mem	ber	New Membership_	/Renewal	
Membership Type		Payment Details		
○ Multi-Site Child Care Centre	\$225.00 (base)	SECA Membership	\$	
Any size centre -Base price includes two member Additional site	rships \$125.00/site	Additional Multi-sites Total # \$		
-Includes 1 membership*Additional memberships	\$50.00/each	Additional Membership(s)		
○ Child Care Centre Any size centre	\$225.00	Total #	\$	
Includes two memberships *Additional memberships	\$50.00/each	TOTAL	\$	
<i>○ Group Home</i> \$225.00		Payment Type		
More than 8 children Includes two memberships *Additional memberships	\$50.00/each	Cheque #		
Family Home 8 children and less	\$150.00	E-transfer—contact office to make arrangements		
Includes one membership *Additional memberships	\$50.00/each	Credit Card \$		
○ Professional \$150.00 Individual working in child care or a related field		Name on Card		
○ Corporate	\$275.00	Credit Card#	CVC:	
Supportive partnerships		Expiration Date Signature		
 ○ Full Time Student FREE Enrolled in ECE or Child Focused Studies *Does not include CCCF Membership 		*credit card information is destre	oyed after processing	
○ Parent/Board Member Not working with children	\$75.00	Return this form with your payment to: SECA		
* Additional memberships may be used by any staff member * Additional memberships do not include CCCF membership * Please see reverse side * Canadian Child Care Federation (CCCF) Membership included		1015 Railway Ave. Weyburn, SK S4H 2V5 seca.officemanager@gmail.com Fax - 306.842.1206 Phone - 306.842.1209		
Office use only	• •			
Total Memberships Membership Number(s) CCCF <u>Y/N</u>				
Payment Received Receipt Issued				



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In an effort to improve communication between SECA and our membership please include the email addresses of all employees. Please notify SECA of any changes in staffing.

Employees: By signing you give your employer permission to provide SECA with your email address for the purpose of corresponding in regards to professional development, newsletters, etc.

Employee or Centre Name	Email Address	Signature/Contact Name