

**North Dakota Child Care  
Providers, Inc.  
Membership Application Form**



Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

(E-mail & [www.ndccpi.org](http://www.ndccpi.org) is the  
quickest way for NDCCPI to contact you  
E-mails are sent on the bcc: line so no  
names or addresses are revealed

Individual/Center: \$10.00 \_\_\_\_\_

Agency/Association: \$25.00 \_\_\_\_\_

Anonymous Donor: \$ \_\_\_\_\_

Pennies for Providers Disaster Fund  
Donation \$ \_\_\_\_\_

Membership year is one year from  
date dues received. Renewals  
will be according to your anniversary  
date not date of payment.

One person per \$10 membership is  
allowed the reduced rate for one  
NDCCPI Spring Conference

Please make checks payable to  
NDCCPI and mail with  
this application to:

NDCCPI Treasurer  
Carla Forde – 701-663-2443  
409 5th Ave NW  
Mandan, ND 58544

Questions:  
Earleen Friez, Pres. 701-567-2822  
Email [ndccpi@ndsupernet.com](mailto:ndccpi@ndsupernet.com)

**Website**

[www.ndccpi.org](http://www.ndccpi.org)