

**ALABAMA ASSOCIATION OF LICENSED EARLY CARE AND EDUCATION**  
**Membership Application**

**Membership Information:**

Membership in AALECE follows an annual renewal based on when you apply. According to AALECE by-laws, membership will expire annually based on the date of your original membership application.

<p><b>PLEASE PROVIDE THE FOLLOWING INFORMATION:</b></p> <p><b>Your Name:</b> _____</p> <p><b>Center Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City:</b> _____, <b>AL Zip code:</b> _____</p> <p><b>Phone:</b> _____ <b>Fax:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Best way to contact:</b> email ___ phone ___ other _____</p>	<p>Enrollment Capacity: _____</p> <p>Number Full-time Staff: _____</p> <p>Number Part-time Staff: _____</p> <p>Center Type (check all that apply):</p> <p>Private Small Business _____</p> <p>Private Non-Profit: _____</p> <p>Faith-Based Licensed _____</p> <p>Faith-Based Exempt _____</p> <p>Public Entity or School _____</p> <p>Accredited: Yes ___ No ___</p> <p>Accrediting Body: _____</p>
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**MEMBERSHIP INFORMATION**

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|--|--------------------|
| A. AALECE Center Membership (Directors and Owners).....\$40  | A. Total: \$ _____ |
| B. Multi-Center Membership.....\$15<br>Per additional center.  | B. Total: \$ _____ |
| C. Individuals.....\$15<br>including center staff, Pre-K and Head Start<br>Staff, parents, consultants, resource and referral staff, public<br>school teachers, licensed family child care home operators<br>friends and supporters. | C. Total: \$ _____ |
| D. Vendors/ Business Interests.....\$15  | D. Total: \$ _____ |
| <b>Total Due: \$ _____</b>   |                    |

**PAYMENT INFORMATION**



**Thank you for joining AALECE!**  
**Don't forget to visit our web site for news and information:**  
**[www.alabamachildcare.org](http://www.alabamachildcare.org)**

Payment may be made by check or money order to AALECE. Mail: P.O. Box 16211, Mobile, AL 36616

Amount: \$ \_\_\_\_\_ Check/Money Order Number: \_\_\_\_\_