



Mono County Child Care Council Membership Application

Our Mission is to actively lead a community-wide effort to communicate about the efforts to develop and sustain accessible, high-quality, affordable child care and education.

- Please add my name to your mailing list so I can receive meeting agendas.
- I will fully commit myself to participation on the Planning Council. I wish to be considered a **voting member**. *

*** Please attach a letter of intent with a brief background statement (Please include information pertaining to the membership category you are applying for. For example, if you are applying to represent a public agency, provide information about how your knowledge of the agency you represent would benefit the Council and out goals.).**

Membership Category

- Consumer of child care (parent with children in child care)
- Provider of child care (family child care or center-based staff/director)
- Public agency representative
- Community representative
- Discretionary appointee

Name: _____
Place of employment: _____
Mailing Address: _____
Email Address: _____
Work Phone: _____ Home Phone: _____

Please return your membership application to:

Mono County Child Care Council – MCOE Courtney Walsh
451 Sierra Park Rd./ PO Box 130; Mammoth Lakes, CA 93546
Phone: (760) 934-0031 ext.136
Email: cwalsh@monocoe.org

