



Macomb County School-Age Child Care Council

2005 - 2006

Annual Membership Registration Form

Name _____

Position _____

School District _____

Building _____

Agency/Private School _____

Mailing Address _____

Phone _____

Email Address _____

Payment of \$50 (District)

Payment of \$25 (Agency or Private School)

Annual Dues must accompany this form.

Please send membership form with check made payable to:

McSACC

C/O Lydia Kemling

Office Manager (SAC)

Anchor Bay School District

51880 Washington

New Baltimore, MI 48047

586.725.4420

Please return this form by Friday October 7, 2005