



**Macomb County School-Age Child Care Council
2015-2016
Annual Membership Registration Form**

Name: _____ Position: _____

School District: _____ Building: _____

Agency/Private School: _____

Mailing Address: _____

Office Phone: _____ Cell 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 mail to:

Dena Russo
Warren Woods Child Care
12900 Frahzo
Warren, MI 48089
586. 285-8617

Please return by October 25, 2012