



Membership Enrollment Application

For internal use only

Member number

Date approved

Please fill out the information below (please print):

First Name: _____ Last Name: _____

Organization: _____

Position: _____

Address: _____ County: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Web Site URL: _____

Please list me in the following category (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Center | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Family | <input type="checkbox"/> Elementary School |
| <input type="checkbox"/> Family - Group | <input type="checkbox"/> Library |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> For-Profit | <input type="checkbox"/> Elected Official |
| <input type="checkbox"/> School-Age Program | <input type="checkbox"/> State Official |
| <input type="checkbox"/> Pre-school | |

No. of children served: _____ Ages cared for: _____

Hours open: _____ No. of staff: _____

How did you hear about us?

- Early Learning NH Representative
- Current Member
- ELNH Newsletter
- www.earlylearningnh.org
- Related web site – www. _____
- Parenting NH Magazine
- Other: _____

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- | | |
|--|---|
| <input type="checkbox"/> ELNH Board Member | <input type="checkbox"/> NHAEYC |
| <input type="checkbox"/> ELNH Advisory Panel Member | <input type="checkbox"/> HeadStart |
| <input type="checkbox"/> ELNH Corporate Member | <input type="checkbox"/> Parent |
| <input type="checkbox"/> ELNH Community Leader | <input type="checkbox"/> Employer |
| <input type="checkbox"/> NHCCA Member | <input type="checkbox"/> R&R |
| <input type="checkbox"/> NHFCCA Member | <input type="checkbox"/> Child Support Services |
| <input type="checkbox"/> Invest In Kids Work Group | <input type="checkbox"/> Other |
| <input type="checkbox"/> Invest Member | <input type="checkbox"/> Licensed |
| <input type="checkbox"/> Early Learning Lasts a Lifetime | <input type="checkbox"/> Licensed Exempt |
| <input type="checkbox"/> Child Care Advisory Council | |

Membership Rates (please check one):

- | | |
|----------------------------|-----------------------------------|
| Family Provider | <input type="checkbox"/> \$30.00 |
| Center Provider | <input type="checkbox"/> \$75.00 |
| Corporate Champion | <input type="checkbox"/> \$250.00 |
| Child Care Champion | <input type="checkbox"/> \$50.00 |
| Parent | <input type="checkbox"/> \$20.00 |

Please send this completed form with a check made payable to:

Early Learning NH
Two Delta Drive
Concord, NH 03301

PROVIDER members are child care facilities (public or private, profit or non-profit) that provide direct early child care and education services to children.

CORPORATE CHAMPIONS are businesses, consultants, and other entities that have a stake in the bottom line benefit of providing high quality accessible child care services for children and working parents.

CHILD CARE CHAMPIONS are individuals with an academic or personal interest in the mission of child care and who are not eligible for any of the above categories.



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