

## 2024-2025 WGECCA Membership Form

First and Last Name

Email address

Home Address

Contact Phone Number

Birthdate (Month and Date only)

Are you DCFS Licensed or License Exempt?

Hours of Operation and Ages of Children cared for

Names of Family Members living at home (Spouse/Children)

Gateways Registry Number

If you know of any trainers or suggestion for topics please let us know. This is your Association and we want to hear from you and always welcome any involvement.

Membership for the year is \$45 if paid before September 30, 2024 then it increases to \$50 per year. Please contact Jan at [jlmunday@sbcglobal.net](mailto:jlmunday@sbcglobal.net) for payment and to send form.