



Southern Crescent Association for Professional Child Care

Membership Application Packet

Membership Status: New Application Renewal

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (H) _____ (W) _____

Business Name: _____

Hours of Operation: _____

Years in Field/Business: _____

Email Address: _____

Website Address: _____

Preferred method of communication: Postal Mail E-mail / Internet

Expertise/Credential/Accomplishments: _____



Southern Crescent Association for Professional Child Care

Letter of Consent for Media Release

I, _____, hereby grant permission for Southern Crescent Association for Professional Child Care (SCAPCC) to record the participation via photography or videotape in connection with association membership activities for the sole purpose of our website, marketing, network directory and other advertisement venues. The checked items below I give SCAPCC right to publish:

- My Picture
- My Name
- My contact information
- My Business Name
- Business contact information
- Email Address
- Website

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges Southern Crescent Association for Professional Child Care (SCAPCC) from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suit, whether arising in equity or in law regarding such participation and appearance by said member. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Signature: _____ Date: _____