



PROOF OF MEMBERSHIP

Dear Applicant:

To receive your membership number for access to liability insurance please complete, and return this document to PacificCARE along with your Society Membership Application to Pacific Child and Family Enrichment Society, 3156 Barons Rd, Nanaimo, BC V9T 4B5 or, return by facsimile to (250) 756-2021.

Applicant Name	Facility Name	License Type
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Please indicate your type of enrolment you have with your local Child Care Resource and Referral program.

Please check all that apply to you:

- A Registered LNR with local CCRR
- Listed on CCRR Registry for Referrals Only
- Registered or Subscribed Member (use of CCRR resources, or training)
- Society Membership (voting member)

I declare that I am currently in good standing with my local CCRR

Name of CCRR: _____

And

Agree to complete a minimum of two professional development workshops per year. If I do not meet these requirements, my insurance coverage may be at risk. (Caregivers with a current Early Childhood Education License to Practice have met this requirement)

Signature _____ *Date* _____

Note:

AVIVA Insurance Company of Canada has provided this insurance to caregivers who have access to professional advice, support, and/or education and other services. Facilities should provide to Coastal Community Insurance Services (broker) a copy of their current license, as evidence. Caregivers are required to meet the current government of BC minimum standards.