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www.lakecountychildcareplanning.com



**Lake County Child Care Planning Council
General Membership Application**

Date: _____

Name of Applicant: _____

Address: _____

Phone: (home) _____ (work) _____

Fax: _____ Email: _____

The mission of the Lake County Child Care Planning Council is to promote quality child care through community assessment, advocacy, resource development, and collaboration with other organizations.

Please describe your interest in being a General Member of the Council. Please articulate your particular areas of expertise as relevant to child care, community planning, and government in Lake County.