

Florida Family Child Care Home Association, Inc.

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Area: _____ Phone: (____) _____ Fax (____) _____

E-mail _____

Type of Membership: *As of 7/1/06*

_____ Family Child Care Provider \$30.00

_____ Advocate \$15.00

_____ Parent/Client \$10.00

_____ Agency Membership \$55.00

_____ NAFCC Membership \$30.00*

(*in addition to Provider, Advocate, or Parent/Client FFCCHA membership)

Signature _____ Date _____

Please make checks payable to: FFCCHA, Inc.

Mail To:

Karla Carnes, Membership Officer

1153 S. Cahoon Rd.

Jacksonville, FL 32221

For questions contact Karla Carnes, Membership Officer

e-mail: grammysplace@comcast.net