



Florida Family Child Care Home Association, Inc.
Membership Application
www.familychildcare.org

Providers are encouraged to join FFCCHA through their local chapter to receive more benefits.
Visit our website "About Us" page for local chapter contact information.

Name: _____ Date: _____

Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Area: _____

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

E-Mail: _____

License or Registration #: _____ Expiration Date: _____

- | | | |
|---------------------|----------------------------------|---------------------------|
| Type of Membership: | _____ Family Child Care Provider | \$30.00 |
| | _____ Co-Provider | \$30.00 |
| | _____ Advocate | \$15.00 |
| | _____ Parent/Client | \$10.00 |
| | _____ Agency/Business | \$55.00 |
| | _____ NAFCC Membership* | \$30.00* (savings of \$5) |

*In addition to one of the above FFCCHA memberships.

FFCCHA is an affiliate of NAFCC. Visit www.nafcc.org for more information.

_____ Yes, I would like to contribute my resources, time, expertise, or volunteer to serve on a committee or at an event, please contact me.

Questions? Contact: Connie Foster, Membership Officer (386) 684-1235 or cfoster206@aol.com

Please make checks payable to: **FFCCHA, Inc.**

Mail to: FFCCHA Membership
164 Poplar Drive
Interlachen, FL 32148



Office only: Date Received _____ Check # _____ Amount \$ _____ Date Processed _____