



Florida Family Child Care Home Association, Inc.

# Membership Application

[www.familychildcare.org](http://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](http://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 Karla Carnes, Membership Officer (904)781-4495 or [grammysplace@comcast.net](mailto:grammysplace@comcast.net)

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

**Mail to:** FFCCHA Membership  
1165 Cahoon Road South  
Jacksonville, FL 32221



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