



Chapter Membership Form

FCC Provider Chapter and Co-provider Chapter member fee = \$20

Advocate member fee = \$15, Parent member fee = \$10, Agency/Business fee = \$55

NAFCC member fee = \$40 (discounted \$5)

Questions? Contact: Wendy Corso-Ruud, Membership Officer (561)715-1361 or membership@familychildcare.org

Date _____ Chapter Name _____ Chapter Dues \$80

Contact Person _____ Title _____ Area # _____

Phone _____ Email _____

Mail Cards to: PRINT NAME: _____

Address _____ City _____ Zip _____

ADD MEMBERS. PRINT CLEARLY: INCLUDE COMPLETE CONTACT INFO for EACH NAME or form will be returned

1. Name _____ **Phone** _____ **Email** _____

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

2. Name _____ **Phone** _____ **Email** _____

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

3. Name _____ **Phone** _____ **Email** _____

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

DELETE MEMBERS (not renewing - remove name from chapter member list)

1. _____ 2. _____ 3. _____

PRICING: ___ X \$10 = ___ + ___ X \$15 = ___ + ___ X \$20 = ___ + ___ X \$40 + ___ X \$55 = ___ + ___ \$80 = \$ _____

If needed, attach Parent Application for all parents and attach Co-Provider verification form.

Grand Total

Make check payable to: FFCCHA, Inc. (Only 1 signature is required on chapter checks) \$47 fee for returned checks.

Mail to: FFCCHA Membership Officer, 119 Sea Island Lane, Boca Raton, FL 33431

Office use: Check # _____ Amount \$ _____ Date Rcvd _____ Date Mailed _____ Date Emailed Chapter List _____



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ADD MORE MEMBERS. PRINT CLEARLY: INCLUDE COMPLETE CONTACT INFO for EACH NAME or form will be returned

4. Name Phone Email

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

5. Name Phone Email

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

6. Name Phone Email

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

7. Name Phone Email

Name of FCC Home as listed on License/Registration: _____

Mailing Address _____

City _____ Zip _____ County _____

New Renew Expiration _____ Provider Co-provider Alumni Advocate Agency/Bus NAFCC

DELETE MORE MEMBERS (not renewing - remove name from chapter member list)

4. _____ 5. _____ 6. _____

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