



Florida Family Child Care Home Association
**Chapter Representative
Proxy Request**

Date: _____

(Chapter Name)

I, _____, am not able to attend the

FFCCHA meeting on _____ due to the following

reason: _____.

Our local Chapter has selected and has given permission for _____

_____ to serve as proxy and vote as Chapter Representative on _____.

This proxy is a current member of our local chapter listed above with a FFCCHA

member renewal date of _____.

Sincerely,

Chapter Representative

Date

President of Chapter (If different from Rep)

Date

FFCCHA Chapter Coordinator Only:

Approved: _____
(Date)

FFCCHA Chapter Rep. Coordinator Signature



Florida Family Child Care Home Association Chapter Representative Officer Updates

Effective Date _____ 20____ Submitted by _____ Date ___/___/___

Name of Association

President's Name

Street Address, City and Zip Code

President's Social Security Number

FFCCHA member renewal date

Phone number

Email

Vice President's Name

FFCCHA member renewal date

Street Address, City and Zip Code

Phone Number

Email

Secretary's Name

FFCCHA member renewal date

Street Address, City and Zip Code

Phone Number

Email

Treasurer's Name

FFCCHA member renewal date

Street Address, City and Zip Code

Phone Number

Email

Other Officer and Name

FFCCHA member renewal date

Street Address, City and Zip Code

Phone Number

Email



Florida Family Child Care Home Association
**Chapter Representative
Quarterly Report**

Date _____

Submit to Chapter Coordinator 3 weeks prior
to the Full Board Meetings

Chapter Name: _____

Chapter Representative (CR): _____

Submitted by: _____

Total Number of Membership: _____ Date of Meeting: _____

Number of members in attendance on date of meeting: _____

Training Offered: _____

Why was this training successful? _____

Membership drive or activities that were done to boost membership:

Our community projects are: _____



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**Chapter Representative
Quarterly Report**

Activities for Fundraising: _____

List all chapter members who serve on local community boards or committees
(list member name & name of board/committee):

List all community meetings attended this quarter: _____

Ways we promoted FFCCHA: _____

Number of chapter members that have credentials:

Second Helping: _____

Master Provider: _____

CDA/CDAE: _____

NAFCC Accreditation: _____

Florida Mentor: _____

Directors Credential: _____

AS/AA Degree: _____

FFCCHA Committees I serve on:

Other: _____
