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: ______________

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

License or Registration #: ___________________________ Expiration Date: ____________________________

Mailing Address: __________________________________________________________

City: ___________________________________________ State: _______ Zip: __________________________

County: ___________________________________________ Area #: __________________________

Phone: (_____)(____)_________________________ Cell: (_____)(____)________________________

E-Mail: __________________________________________________________

**Type of Memberships:**

- Family Child Care Provider $30.00
- Parent/Client $10
- Co-Provider $30 (works 40 hrs. or more/month in a Family Child Care home)
  Note: Co-Providers must also submit form certifying that they meet co-provider requirements.
- Alumni $30 (former family child care provider member of FFCCHA)
- Advocate $15 (non-provider, sub, employee)
- Agency/Business $55

**In addition, to one of the FFCCHA memberships above, join the National Association for Family Child Care (NAFCC) for a $5 savings.** FFCCHA is an affiliate of NAFCC. Visit www.nafcc.org for more information.

- NAFCC Individual Membership $40 (discount rate for FFCCHA members)

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

Signature: ________________________________________________________________________

**Questions?** Contact: Membership Officer (561) 251-3365 or amandawallace42@bellsouth.net

No refunds. A $47 fee will be assessed for returned checks.

Please make check or money order payable to: **FFCCHA, Inc.**

**Mail to:** FFCCHA Membership
3401 Avenue Villandry
Delray Beach, FL 33445

**Office only:** Date Received ___________ Check # ___________ Amount $ ___________ Date Processed ___________ Revised 7-15