



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 for local chapter contact information.

<https://familychildcare.org/product-category/chapter-memberships/>

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 \$40.00 _____ Parent/Client \$10

_____ Co-Provider \$40 (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

_____ Chapter and FFCCHA \$70 (Chapter Name: _____)

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 (rate for FFCCHA members) _____ Chapter, FFCCHA and NAFCC \$110

_____ 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: info@familychildcare.org or membership@familychildcare.org

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

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

Mail to: FFCCHA
9207 Edgemont Lane
Boca Raton, FL 33434



Office only: Date Received _____ Check # _____ Amount \$ _____ Date Processed _____ Revised 1-24