



Chapter Membership Form

FCC Provider, Alumni, and Co-provider member fee = \$20 (discounted \$10)
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 \$75

Contact Person _____ Title _____ Area # _____

Phone _____ Email _____

ADD MEMBERS: 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. _____

____ X \$10 = ____ + ____ X \$15 = ____ + ____ X \$20 = ____ + ____ X \$40 + ____ X \$55 = ____ = \$ _____

Attach Parent Application for all parents and attach Co-Provider verification form.

Grand Total

Mail Member Cards to: _____

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 Completed _____ Date Mailed _____ Date Emailed Chapter List _____



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ADD MORE MEMBERS

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. _____

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