



Parent Membership Application

Dues include quarterly issues of *The Grapevine* which features a Parent's Page.

Enclose **\$10.00/year for each** parent. Make checks payable to: **FFCCHA, Inc.**

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

Parent members can also join and support the National Association for Family Child Care for \$40/year (savings of \$5) through FFCCHA.

PROVIDER's NAME _____ (*must be a member of FFCCHA, Inc.*)

Address _____ **City** _____ **State** ____ **Zip** _____

County _____ **Area #** ____ **Phone** _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area#** ____

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Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Parent Name

Address _____

City _____ **Zip** _____

County _____ **Area #** ____

Phone _____

Note: Providers must join or renew through their local chapter membership application or as an individual.

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

Office only: Date Received _____ Check # _____ Amount \$ _____ Date Processed _____