

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.

Name:		_Date:
Name of FCC Home as listed on License/Regi	istration:	
License or Registration #:	Expiration Date:	
Mailing Address:		
City:	State:	Zip:
County:		Area #:
Phone: ()	Cell: ()	
E-Mail:		
Type of Memberships: Family Chil	ld Care Provider \$30.00 F	Parent/Client \$10
Co-Provider \$30 (works 40 hrs. or mo Note: Co-Providers must also submit	ore/month in a Family Child Care home t form certifying that they meet co-prov	
Alumni \$30 (former family child care	e provider member of FFCCHA)	
Advocate \$15 (non-provider, sub, en	nployee) Agency/Bus	iness \$55
Chapter and FFCCHA \$50 (Chapter N	ame:)
In addition, to one of the FFCCHA members (NAFCC) for a \$5 savings. FFCCHA is an affili		
NAFCC Individual Membership \$40 (ra	ate for FFCCHA members) Chapt	er, FFCCHA and NAFCC \$90
Yes, I would like to help FFCCHA and c serve on a committee or at an event, please		e, and/or volunteer to
Signature:		
Questions? Contact: Membership Officer (5 No refunds. A \$47 fee will be assessed for re		childcare.org
Please make check or money order payable Mail to: FFCCHA Membership 119 Sea Island Lane Boca Raton, FL 33431	to: FFCCHA, Inc. National Association for Your Home. Your Profession	
Office only: Date Received Check #	Amount \$ Date Process	edRevised 7-20