

## 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:		
<b>Questions?</b> 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