



# 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, 9207 Edgemont Lane, Boca Raton, FL 33434  
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**

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**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County** \_\_\_\_\_ **Area #** \_\_\_\_

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**Phone** \_\_\_\_\_

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

Questions? Contact FFCCHA (954) 581-1192 or  
email: [membership@familychildcare.org](mailto:membership@familychildcare.org)

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