

Anne Arundel County Family Child Care Association, Inc.

Membership Application

To become a member of the Anne Arundel County Family Child Care Association, Inc. (AACFCCA, Inc.)

*Complete the application below.

*Pay the annual membership dues of \$50 per calendar year (Jan. 1, 2019 thru Dec, 31, 2019) Cash or check payable to AACFCCA, Inc [There will be a \$10 fee for returned checks.]

*Bring the completed application, dues, and a copy of your current registration (if applicable) to one of the monthly meetings or mail to: AACFCCA Membership c/o Gaye Schaum 513 French Point Ct. Millersville, MD 21108

Note: Membership Cards will be available within 60 days and must be picked up at meetings, they will not be mailed. A fee is assessed for a duplicate card.

Membership Dues Are Non-Refundable

PLEASE PRINT CLEARLY

THE ACCURACY OF YOUR INFORMATION ON TRAINING CERTIFICATES AND VARIOUS LISTS, DEPENDS ON YOUR LEGIBLE PENMANSHIP, THANK YOU.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

ARE YOU...? A New Member Renewing Membership

Date of Birth: _____ - _____ -XXXX

NAFCC Accredited: Yes (Expiration Date _____) No In the process Interested

MD Child Care Credential Level Achieved _____ MD Excels Level Achieved _____

Type of Membership: (check one)

Registered Member - Registered Family Child Care Provider

(You MUST attach a copy of your current MSDE OCC Registration Certificate)

Years Registered: _____ (If different then your current registration)

Affiliate Member- an individual in the process of becoming a registered provider (when an affiliate member submits a copy of her/his registration certificate to the Membership Committee Chair, she/he will become a registered member.

Associate Member - an individual interested in promoting quality child care in a family setting.

Committees I am interested in serving on: [check all that apply] Annual Conference Legislation Hospitality Welcome/Membership Fund-raising Field Trips Public Relations Parties Lending Library Newsletter Education Meeting Sales Do you have any skills, training, or talents you can share with the AACFCCA, Inc.?

PLEASE DO NOT WRITE IN AREA BELOW - FOR OUR RECORD-KEEPING ONLY

Year: 2019 2020 Amount Paid: \$ _____ Cash Money Order Ck# _____ Date: ___ - ___ - ___

Membership Card Yes State Membership Card Yes # _____

License Copy Yes Entered into Computer? ___ - ___ - ___ Welcome Email/Call? Yes