

**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, 2017 thru Dec, 31, 2017) 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)  
 Registration Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

**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**

<b>Year:</b>	<b>2017</b>	<b>2018</b>	<b>Amount Paid: \$</b> _____	<b>Cash</b>	<b>Money Order</b>	<b>Ck#</b> _____
			<b>Date:</b> ____-____-____			
<b>Membership Card</b>	<b>Yes</b>		<b>State Membership Card</b>	<b>Yes</b>	<b>#</b> _____	
<b>License Copy</b>	<b>Yes</b>		<b>Entered into Computer?</b> ____-____-____			<b>Welcome Call? Yes</b>