

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, 2023 thru Dec. 31, 2023) 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 emailed. Please provide your email information below.

*****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

Year: 2022 2023 Amount Paid: \$ _____ Cash Money Order Ck# _____

Date: ___-___-___

Membership Card Yes

State Membership Card Yes # _____

License Copy Yes

Entered into Computer? ___-___-___

Welcome Email/Call? Yes