

CALIFORNIA ASSOCIATION FOR FAMILY CHILD CARE



P.O. Box 8754
Emeryville, CA 94662

Phone/Teléfono: (707) 428-3180
Fax/Facsímile: (707) 428-3180

Web page/Página Electrónica www.cafcc.org OR www.cafcc.com

Dedicated to the welfare of children / Dedicados al bienestar de los niños

Membership Dues

It's that time of year again! Time to pay dues.

Your membership expires _____ Please mail in your renewal dues as soon as possible.

Regular Member Regular member must be a licensed family child care provider and has all the rights of membership, including voting privileges. There are 2 levels of Regular Membership:

Individual Member - licensed provider who does not belong to any local FCC association \$50

Individual Member-Must be member of a local FCC association and include proof of membership with a copy of your membership card or receipt \$40

100% Associations-when 100% of the members of a local association send in dues with one check from the association; \$30/member \$30

Associate Member Any person who is an advocate for family child care. \$100

Membership in NAFCC (National Association for Family Child Care). You may join or renew your membership in NAFCC through CAFCC and save \$5.

NAFCC Membership Reg. \$35 \$30

Name _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Email _____

California County _____

Licensed Family Child Care Provider yes ___ no ___ License Number _____

Local Association Name _____

Agency Representative yes ___ no ___ Agency Name _____

Individual Member at \$50,
or Individual Member at \$40, Amount \$ _____
100% Association at \$30/member
or Associate Member at \$100

Optional Opportunities:

NAFCC Membership at \$30 Amount \$ _____

Donation to CAFCC Professional
Development Fund Amount \$ _____

Donation to FCC PAC Amount \$ _____

TOTAL \$ _____

Mail form and check to:
CAFCC
attn: Membership
P.O. Box 8754
Emeryville, CA 94662

Visa _____ MC _____

Expiration Date _____

Card Number: _____

Signature _____ Date _____