



CALIFORNIA ASSOCIATION FOR FAMILY CHILD CARE

P.O. Box 8754
Emeryville, CA 94662

Web page/Página Electrónica: **www.cafcc.org**
Phone/Telephone: (877) 858-6806
Fax/Facsimile: (707) 428-3180

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

Membership Application

California Association for Family Child Care (CAFCC) is a professional, nonprofit organization dedicated to ensuring that providers have the support and resources needed to be successful.

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

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. **You must be a CAFCC member to receive this discount.**

NAFCC Membership Reg. \$45 \$40

CAFCC Membership Application

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 \$ _____
or Associate Member at \$100

Optional Opportunities:

**NAFCC Membership at \$40 Amount \$ _____
**(CAFCC members only)

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

or fax form with credit information to
(510) 540-8117 (secure phone)

Visa _____ MC _____

Expiration Date _____

Card Number: _____

Signature _____ Date _____