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Anne Arundel County Family  
Child Care Association, Inc.

P.O. Box 9791,

Arnold, Maryland 21012

## Membership Application

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

- Complete the application below (**Membership fees are NON-REFUNDABLE**)
- Pay the annual membership dues of \$40 per calendar year (Jan. 1, 2009 thru Dec, 31, 2009)  
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, Inc., P O. Box 9791, Arnold, MD 21012 Attn: Membership**

### 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: \_\_\_\_\_

Would you like your email address added to the AACFCCA, Inc. Yahoo Email Group?  Yes  No

Date of Birth: \_\_\_\_-\_\_\_\_-XXXX ARE YOU...?  A New Member  Renewing Membership  
 Yes (Expiration Date \_\_\_\_\_)  No  In the process  Interested

Credential Level Achieved \_\_\_\_\_

Type of Membership: (check one)

- Registered Member - Registered Family Child Care Provider  
(**You MUST attach a copy of your current OCC Registration Certificate**)  
Years Registered: \_\_\_\_\_ (If different then your current registration)  
Registration Number \_\_\_\_\_ Issued on \_\_\_\_\_ Expires on \_\_\_\_\_  Non - Expiring
- 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 childcare in a family setting.

**Committees I am Interested in serving on:** [check all that apply]

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Annual Conference  | <input type="checkbox"/> Legislation  | <input type="checkbox"/> Hospitality     |
| <input type="checkbox"/> Welcome/Membership | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Field Trips     |
| <input type="checkbox"/> Public Relations   | <input type="checkbox"/> Parties      | <input type="checkbox"/> Lending Library |
| <input type="checkbox"/> Newsletter         | <input type="checkbox"/> Education    | <input type="checkbox"/> Meeting Sales   |

**Do you have any skills, training, or talents you want to share with the AACFCCA, Inc.?**

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

Year:  2009  2010 Amount Paid: \$ \_\_\_\_\_  Cash  Ck# \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Membership Card  Yes # \_\_\_\_\_ State Membership Card  Yes # \_\_\_\_\_

License Copy  Yes Welcome Letter?  Yes Entered into Computer? \_\_\_\_-\_\_\_\_-\_\_\_\_