



ALAMEDA FAMILY CHILD CARE ASSOCIATION
MEMBERSHIP APPLICATION

Date _____

Name _____
(Last) (First)

Business Name _____

Address _____ City _____ Zip code _____

Phone _____ New Member Renewal

Fax _____ Email _____

Neighborhood Location _____

License No. & Copy _____ Licensed for 8 14

Number of years in family child care _____

My interests in joining AFCCA include:

- Referral List, preferred ages of children _____
- Group rate insurance discount
- Support groups and networking
- Legislative issues
- Mentor Program
- Workshops & training
- AFCCA Newsletter

I am interested in working on a committee
Please check below

- Conference helper
- Phone Tree
- Fundraisers
- Christmas Party
- Raffle
- Membership
- Conference Workers

Dues: \$55.00 PLEASE MAKE CHECK PAYABLE TO: A.F.C.C.A. 2436 Lincoln Ave., Alameda, CA 94501. Help us make a commitment to help meet the challenges of the 21st century. Providers united provide a powerful force to help save the Family Child Care Profession. In a few words, please let us know what you hope to gain by becoming a member of the ALAMEDA FAMILY CHILD CARE ASSOCIATION.

