



Palm Beach County Family Child Care Association Membership Application

Please PRINT and complete all information:

Name _____

Address _____

City _____ Zip Code _____

Phone _____ Cell _____

E-mail _____

Name of Family Child Care Home/ Parent/Organization: _____

_____ New _____ Renewal

Type of Membership (*check one*)

_____ **FCC Provider** **\$50.00**

Includes FCCCHA membership.

_____ Advocate \$50.00

_____ Parent \$15.00

_____ Agency \$85.00

_____ NAFCC \$40.00* *effective August 1, 2014*
(*with provider, advocate, or parent membership*)

Make check or money order payable to **PBCFCCA**

Mail to: Palm Beach County Family Child Care Association

PO Box 16

South Bay, FL 33493

For office use:

Date Paid: _____ Amount: _____ Check # _____ M.O. _____ Cash _____

Tear off bottom for your receipt:

Receipt: Palm Beach County Family Child Care Association, Inc.

Name: _____ Rec. by: _____

Date Paid: _____ Amount: _____ Check # _____ M.O. _____ Cash _____

Type of Membership: _____