



MEMBERSHIP APPLICATION

Join and pay online at www.tafcc.org

PLEASE circle one: NEW MEMBER RENEWING MEMBER

PLEASE PRINT CLEARLY:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Business Name: _____

Local Association: _____ County
you live in: _____ Please check one:

Type of Facility: Registered Listed Licensed Center Other

_____ Permission is given: Yes No to have the newsletter or other publications sent to my email address.

Permission is given: Yes No for my information to be on the T.A.F.C.C. website.

TAFCC MEMBERSHIP DUES - \$40.00 per calendar year All members are entitled to vote in organization business

Pay online at www.tafcc.org or
Make check or money order payable to TAFCC Mail this completely application and payment to:

TAFCC
c/o Clarissa Pitts
323 Brookwood Dr.
Duncanville, TX 75116

Returned check fee of \$25.00 applicable

OFFICE ONLY:

Date Received: ___/___/___ Check# _____ Amount: \$ _____ Treasurer Initial: _____