

Membership Application

2023- 2024

Annual Dues are **\$75.00**. Membership year is from September through August. Please mail A.S.A.P. We need to provide all the below information to the State Association. (Each year we need to update files. Upon completion of this form, you will be renewing for the year listed above. Even if you paid your dues late last year, they only covered you for training for the 2023-2024 year. Please send the form in A.S.A.P.

PLEASE PRINT CLEARLY. (If all the information is not filled out you will **Not** receive your Certificates) and your emails will come back as undeliverable. You will not receive communications from the President.

Name: _____ Phone No: _____

Full Street Address: _____ City: _____ Zip: _____

Email address: _____

Office of Child Care registration # _____ **(MUST PROVIDE) your form will be returned if not provided**

Type of Membership. (Circle one)

Provider Center

Please make checks payable to: **FDAHC MAIL**

TO:

Renee Gray

Treasurer FDAHC

105 Crafton RD

Bel Air, MD 21014

For Office Use Only

Ck #: _____ Date Rec. _____

H.C. Assoc. # _____

St. of MD. Assoc.# _____

Cut along this line and keep the information below.

PLEASE REMEMBER TO REGISTER FOR EACH CLASS THE WEEK BEFORE THE TRAINING @ FDAHC.com

You will NOT be allowed in the class if you miss the registration date. Certificates will not be issued until you complete all work for the training by the due date given from the trainer. If you have problems with training, you may only send communications to a board member and not the trainers. Becky Quinn:

beckyquinn2016@yahoo.com Ginny Schulte: schultefamily5@verizon.net, Donna Nohe:

vdka@msn.com, Karen Holsopple: kholso@comcast.net, Renee Gray: summer2060@gmail.com.

