



# Texas Association for Family Child Care Membership Application

Please check one:     **New Member**                       **Renewing Member**

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Local Association: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 TAFCC website.

**TAFCC Membership Dues - \$30.00 per year**

Due by: **March 1st** to be a member in good standing and eligible for an open Board position.  
All members are entitled to one vote in organization business.

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

Mail this completed application and payment to:

TAFCC  
Pam Cannataro  
104 Wild Rose Court  
Weatherford, TX 76087

*Return check fee of \$25.00 applicable*

Membership Secretary  
Heidi Pearson  
817-741-2762  
almostmontx@lsc.com.net

**OFFICE ONLY:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_    Check #: \_\_\_\_\_    Amount: \$ \_\_\_\_\_    Treasurer Initial: \_\_\_\_\_