



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: _____

Please check one:

Type of Facility : Licensed Registered Listed 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 TAFCC website.

TAFCC Membership Dues - \$40.00 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
Teresa Smith
817-996-4211
Teresa.tafcc2011@gmail.com

OFFICE ONLY:

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