

Professional Family Child-Care and Early Education Association

Membership Form

Date: _____

First Name _____ Last Name _____

Street address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

(If you give us your email address, please remember to check your email & spam regularly)

My Web site _____

Name of Business _____ Business Phone _____

I am the owner _____ I am an assistant _____

Ages of children I accept are _____ Elementary school zone _____

Days open _____

Hours open _____

Personal Checks Accepted

Please Make Checks Payable To:

Professional Family Child-Care and Early Education Association (PFCEEA)

Cash is only accepted if paid in person

PFCEEA Members in good standing for one year may write checks for renewal.

There is a \$25.00 fee for a check returned for insufficient funds.

Please mail payment to:

Cindy Huntington, 2313 Enchanted Forest Lane, Virginia Beach, VA 23453

Membership Options

I would like to join PFCEEA (Professional Family Child-Care and Early Education Association) and The Virginia Alliance of Family Child Care Associations (VAFCCA). I have included my check in the amount of **\$50.00**

I would like to join PFCEEA (Professional Family Child-Care and Early Education Association), which includes membership in VAFCCA and **NAFCC** (the National Association for Family Child Care).

I have included a check in the amount of **\$90.00**

I give my permission for my name to be posted on the PFCEEA Website _____

Signature

I started my childcare business on _____