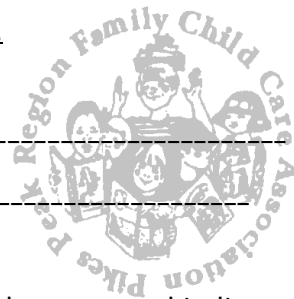


Pikes Peak Region Family Child Care Association Membership & Renewal

Please fill out completely and return with payment to address at bottom of this application.



Name _____ Address _____

City _____ Zip _____ Phone _____

License # _____ Original licensing date (year) _____

Would you like to receive PPRFCCA information through email? If so, email barb.pprfcca@yahoo.com and indicate if you would like Newsletter & Announcements OR Only Announcements

Who encouraged you to join PPRFCCA? _____

PPRFCCA Membership is valid July 1 through June 30 each year = \$25.00 \$ _____

Colorado Association of Family Child Care (CAFCC) Membership/Renewal yearly fee = \$30.00 \$ _____

National Association of Family Child Care (NAFCC) yearly fee = \$30.00, if paid with CAFCC. \$ _____

total enclosed \$ _____

Whether you choose to join PPRFCCA, CAFCC and/or NAFCC, please send fees to:

PPRFCCA, PO Box 17575, Co. Springs, CO 80935-7575

NO REFUNDS

In submitting this application, you agree to pay any/all bank fees incurred if your check is returned for any reason. PPRFCCA uses Check-Way.

11/2010