



www.fccamc.org

# Family Child Care Association of Montgomery County MEMBERSHIP APPLICATION FORM

Provider Name \_\_\_\_\_

Childcare Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Provider Email \_\_\_\_\_ Phone \_\_\_\_\_

Additional Membership (under one license) \_\_\_\_\_

\* Co-provider/Additional Adult/Large FCC Teacher

\* Additional \$20.00 fee

Email \_\_\_\_\_ Phone \_\_\_\_\_

Applying for:

New member/Membership renewal      Registration Number \_\_\_\_\_ (print clearly)

- Copy of current registration required with new applications
- All applicants will be checked to verify current license status
- No refunds will be issued in the event license is revoked, suspended, voluntarily surrendered, etc.

Co-Provider/Additional Adult/Large FCC Teacher

Affiliate member – in the process of getting licensed as family child care provider in Montgomery County

Associate member – any person or group with an interest in family child care

Licensed family child care provider NOT located in Montgomery County

Group/Organization \_\_\_\_\_

Center staff \_\_\_\_\_

**Note: Only registered family childcare providers are full members entitled to voting & holding board positions.**

**Membership period: January - December.**

## Payment Information

New/Renewing/Affiliate/Associate Member      \$40.00       I can volunteer at Association events

Additional membership      \$20.00

**Total Membership Application Payment Due**      \$ \_\_\_\_\_       PayPal link       Check #: \_\_\_\_\_

\* \$50.00 fee charged for any check returned as unpaid and/or non-sufficient funds

Membership applications can be:

**Scanned and emailed** to membership secretary at [Sarah\\_neils@yahoo.com](mailto:Sarah_neils@yahoo.com)

or **mailed to:** FCCAMC, P O Box 10716, Rockville, MD 20849

Please read and familiarize yourself with the FCCAMC By-laws; a copy is available upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions or further information, please email the Membership Secretary:

Sarah Neils    (301) 787-3647    [Sarah\\_neils@yahoo.com](mailto:Sarah_neils@yahoo.com)

For Official Use Only

\_\_\_ Registration copy attached

\_\_\_ Registration verified

FCCAMC Card #: \_\_\_\_\_

MSFCCA Card #: \_\_\_\_\_

Membership Application Form  
Updated 2/13/2022