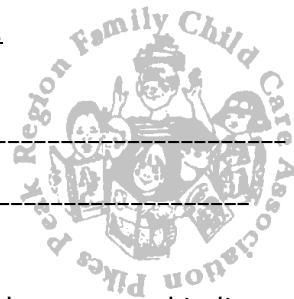


# Pikes Peak Region Family Child Care Association Membership & Renewal

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](mailto: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.*