

Keller 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: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Website address: _____

Type of Facility: Registered Licensed Listed Center Church

Accept CCMS: YES NO

Accept Part-Time: YES NO

Accept Drop Ins: YES NO

KAFCC Membership Dues - \$40.00 per year

Due by: February **1st** to be a member in good standing.

All members are entitled to one vote in organization business.

Make check or money order payable to

KAFCC

(Return check fee of \$25.00 applicable)

OR

Go to kellerchildcare.org and use PAYPAL

Mail to:

Membership Secretary

Terri Borman
220 Bayne Road
Haslet, TX 76052

OFFICE USE ONLY:

Date received ____/____/____ check # _____ Amount \$ _____ Treasurer Initial _____