

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

Year opened your childcare _____

KAFCC Membership Dues –
\$40.00 per year if paid by Cash or Check
Return check fee of \$25.00 applicable
\$42.00 per year if paid by PayPal

Due by: **January 31st** 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

Mail to : Membership Secretary
Teresa Smith
2340 Freeland Ridge Dr
Fort Worth, TX 76177
kafcc treasurer@gmail.com
817-996-4211

OFFICE ONLY:

Date Received: ____/____/____ Check _____ Amount: \$ _____ Treasurer Initial: _____

