

New _____ Renewal _____

Membership Application

First Name _____ Middle _____ Last Name _____

Name of Business, Agency, or Child Care Association _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone (____) _____ Cell (____) _____ Email _____

Military No Yes If yes, branch: Air Force Army Coast Guard Navy Marines

Base/Installation _____ Country _____

Select all positions you hold: Family Child Care Provider Group Family Child Care Provider Center Provider Program Director
 Education Coordinator/Trainer Government Administrator/Regulator R&R Specialist Retired

What age groups do you work with? (Check all that apply) Infants Toddlers Preschool/Pre-K Kindergarten School-age

Check all that apply: Accredited CDA Certified Credential Licensed Registered Other _____

Are you a CACFP Participant? Yes No

Are you a member of a child care association? Yes No Local State National List: _____

What association benefits interest you? Accreditation Advocacy Conference Discounts Newsletter Training

How did you hear about NAFCC? Association Colleague Publication R&R Website Other _____

Only for Demographic Information

How would you describe yourself?

(Please select only one race.)

- White/Caucasian Black or African American American Indian/Alaskan Native Asian Indian Chinese Filipino Japanese
 Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Hispanic
 Other Pacific Islander Other _____

Gender: Male Female

Are you fluent in English? Yes No Fluent in Spanish? Yes No Other language? Yes No

Specify Other Language _____

Years childcare experience or year started in field: _____

Education: Less than High School GED High School Diploma Some College Associate Degree Bachelors Degree
 Masters Degree Doctorate Degree Other Education _____

Age: 18-30 31-54 55+ Birthday: Month _____ Day _____ Year _____

Income: Less than \$30,000 30,000-\$65,000 Over \$65,000

Would you be interested in serving on any of the following NAFCC Committees? (Check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Conference | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Association Leadership Institute | <input type="checkbox"/> Fund Development | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Black Caucus | <input type="checkbox"/> Latino Caucus | <input type="checkbox"/> Professional Development Institute |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership | <input type="checkbox"/> Provider Appreciation |

Please check your membership category:

- Individual Membership: \$45.00
- Association Membership (reserved for state and local family child care associations): \$90.00
- Child Care Agency: \$180.00

Method of Payment (please check one):

Check/Money Order or Credit Card (Visa, MC, AMEX, Discover)
(There will be a 3% processing fee on all credit card transactions.)

Credit Card # _____

Expiration Date _____

Name on Card _____

Signature _____

Please make checks or money orders payable to NAFCC (US Currency Only). Send to: 1743 W. Alexander St. • Salt Lake City, Utah 84119