

Adams County Association of Family Child Care

Membership Application 2011-2012

ACAFCF Membership Benefits Include:

- Free referral service
- A Minimum of 15 clock hours of training yearly
- Accidental death and dismemberment insurance
- Bi-Monthly newsletter
- Network of Providers to help and support you in your profession
- Rangeview library outreach program

MEMBERSHIP SUBSCRIPTION FEES ARE RENEWABLE JUNE 1ST OF EACH YEAR

Please fill in the following information

Name: _____ Date of Birth: Month _____ Day _____

Address: _____ City _____ Zip Code _____

License # _____ *Year Licensed _____ # of Years Licensed _____ First Year you joined
ACAFCF _____

(This information is used for years of service recognition 5, 10, 15 years etc.)

E-mail Address _____ Phone # _____

FAILURE TO SUBMIT A COMPLETED REISTRATION FORM and HAVE A CURRENT COPY OF YOUR CHILD CARE LICENSE on file WITH MEMBERSHIP FEE(S) WILL RESULT IN REMOVAL FROM THE REFERRAL LINE ON JULY 1ST.

We ask that all members voluntarily provide a non-returnable copy of their child care license within 30 days of their child care license renewal date to the membership coordinator in order to receive the benefit of referrals, if a copy of your current license is not on file by that date your name will be taken off the referral list. We as the association provide referrals to licensed providers only. The association is trying to avoid a situation in which a parent holds the association responsible for providing a referral to a non-licensed provider. If ACAFCF membership coordinator has a current copy of your child care license at the time of membership renewal with ACAFCF you will not need to provide an additional copy of your child care license. You will ONLY need to supply a new copy at the time you receive your sticker from licensing. All new members need to submit a copy of their child care license with their membership application and then again on their license renewal date.

Please return this application, a copy of your license (if applicable) and your check or money order Made payable to ACAFCF, and mail to: **ACAFCF Membership, P.O. Box 1325 Eastlake, CO 80614** (Please put your license number on the check or money order.)

If you have any questions please contact the Membership Coordinator.

I am interested in becoming involved in one or more of the following committees:

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Grievance | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Parties | <input type="checkbox"/> Mentor | <input type="checkbox"/> Publicity |

Enclosed is a check or money order for:

License renewal date _____ ACAFCF Membership renewal (\$40.00) _____

License renewal date _____ BOTH ACAFCF Membership and CAFCC Membership (\$70.00) _____

(You may write a check payable to ACAFCF)

Enclosed is a non-returnable copy of my current child care license if applicable.