

Membership Application

New _____ Renewal _____

First Name _____ Middle _____ Last Name _____

Name of Business, Agency or Child Care Association H.A.P.P.Y. Homes Ohio Association

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone (____) _____ Fax (____) _____ Email _____

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

Base/Installation _____ Country _____

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

Are you a member of a child care association? Yes No Local State National List: H.A.P.P.Y. Homes Ohio Association

What association benefits interest you? Training Advocacy Newsletter Discounts Other _____

Are you a Family Child Care Provider? Yes No Enrollment Capacity: Infants 1-2 3-4 Toddlers 1-4 5-8
Preschoolers 1-4 5-8 School-age 1-4 5-8 9+

Are you a Family/Group Child Care Provider? Yes No Enrollment Capacity: Infants 2 4 6 Other _____
Toddlers 4-7 8-10 Preschoolers 4-7 8-10
School-age 4-7 8-10 11+

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

Are you a CACFP Participant? Yes No

Are you an employee of an agency? Yes No If yes, please specify R&R CACFP Licensing Other _____

Are you an officer or staff of an association? Yes No If yes, please specify Local State National

Are you an Accreditation Observer? Yes No

Only for Demographic Information

How would you describe yourself? (Please select only one race.)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic origin
- Hispanic
- White, not of Hispanic origin
-
- Male Female

- Are you fluent in English? Yes No Fluent in Spanish? Yes No
- Fluent in any other language? Yes No Specify _____
- Years childcare experience: 1-5 6-10 11-15 16-20 21-30 31+
- Education: Less than High School High School Diploma
- Some College Associate Degree Bachelors Degree Masters Degree
- Doctorate Degree Other _____
- Age: 18-24 25-29 30-39 40-49 50-59 60+
- Income: Less than 15,000 15,000-30,000 30,000-45,000
- 45,000-60,000 60,000-75,000 75,000-90,000 90,000+

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

- Accreditation Association Support & ALI Conference Diversity and Inclusion Fundraising
- Historian Membership Newsletter Nominations Organizational Development
- Professional Development (PDI) Public Policy Public Relations Regional Representatives

Please check your membership category:

- Individual Membership: ~~\$35.00~~ \$40.00
 - Provider Parent Advocate
- Association Membership (reserved for state and local family child care associations): \$70.00
- Child Care Agency: \$140.00

Method of Payment (please check one):

- Check Money Order or ~~Charge to Visa~~ ~~Master Card~~
- ~~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