

Anne Arundel County Family Child Care Association, Inc.
Membership Application

To become a member of the Anne Arundel County Family Child Care Association, Inc. (AACFCCA, Inc.)

- Complete the application below.
- Pay the annual membership dues of \$65 per calendar year (Jan. 1, 2026, thru Dec, 31, 2026) Cash or check payable to AACFCCA, Inc [There will be a \$ fee for returned checks.]
- Bring the completed application, dues, and a copy of your current registration (if applicable) to one of the monthly meetings or mail to:

AACFCCA Membership c/o Ashley Bouthner 1402 Graham Farm Circle, Severn, MD 21144

Note: Membership Cards will be available within 60 days and must be picked up at meetings, they will not be mailed. A fee is assessed for a duplicate card.

*****Membership Dues Are Non-Refundable*****

PLEASE PRINT CLEARLY

THE ACCURACY OF YOUR INFORMATION ON TRAINING CERTIFICATES AND VARIOUS LISTS, DEPENDS ON YOUR LEGIBLE PENMANSHIP, THANK YOU.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

ARE YOU...? A New Member Renewing Membership

Date of Birth: ____ - ____ -XXXX

NAFCC Accredited: Yes (Expiration Date _____) No In the process Interested

MD Child Care Credential Level Achieved ____ MD Excels Level Achieved ____

Type of Membership: (check one)

Registered Member - Registered Family Child Care Provider
(You MUST attach a copy of your current MSDE OCC Registration Certificate)

Years Registered: _____ (If different then your current registration)

Registration Number _____

Date Issued _____ Date Expires _____

Affiliate Member- an individual in the process of becoming a registered provider (when an affiliate member submits a copy of her/his registration certificate to the Membership Committee Chair, she/he will become a registered member.

Associate Member - an individual interested in promoting quality child care in a family setting.

Committees I am interested in serving on: [check all that apply]

Annual Conference Legislation Hospitality Welcome/Membership Fund-raising Field Trips
 Public Relations Parties Lending Library Newsletter Education Meeting Sales

Do you have any skills, training, or talents you can share with the AACFCCA, Inc.? _____

PLEASE DO NOT WRITE IN AREA BELOW - FOR OUR RECORD-KEEPING ONLY

Year: 2026 2027 **Amount Paid:** \$ _____ **Cash Money Order Ck#** _____

Date: ____ - ____ - ____

Membership Card Yes

State Membership Card Yes # _____

License Copy Yes

Entered into Computer? ____ - ____ - ____

Welcome Email/Call? Yes