

# Family Child Care, Inc. Membership Registration

**Annual Individual Membership Fee - \$70.00**

*Please make checks payable to: FCCI*

**FCCI memberships are January 1 to December 31**

- I am a licensed provider and new FCCI member
- I am a licensed provider and a renewing FCCI member
- I am unlicensed or a community member and am an Advocate Member.

**\*\* Please choose year of membership: 20\_\_\_\_\_\***

NAME \_\_\_\_\_

DEVELOP ID# \_\_\_\_\_

COUNTY \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

## How will you volunteer with FCCI?

- \_\_\_\_\_ Board Member Position
- \_\_\_\_\_ Volunteer at monthly workshop
- \_\_\_\_\_ Finance Committee
- \_\_\_\_\_ Provider of the Year Committee
- \_\_\_\_\_ Advocacy Committee

Register for your membership & pay online at [www.fccimn.com](http://www.fccimn.com) OR bring this form to the next training along with cash or check.

## Do you want your licensed family child care business listed in the On-line Provider Directory?

- Yes...please complete the information below
- No thank you.

**Please note:** Your directory information must be renewed each time your membership is purchased. If a membership is purchased and an on-line directory form for the current year is not included, the previous years' on-line directory listing is removed during the annual January clean sweep.

# Family Child Care, Inc. On-line Provider Directory Form

Current members of FCCI can list their licensed family childcare business on the FCCI's website Provider Directory by filling out the following information or by submitting your listing on-line at [www.fccimn.com](http://www.fccimn.com)

\_\_\_\_\_  
**Name:**(As it is to appear on the Internet)

\_\_\_\_\_  
**City and/or Section of Town:** (i.e. Rochester, NW)

\_\_\_\_\_  
**Business Name**

**Ages of care:** (check all that apply)

- \_\_\_\_\_ All ages
- \_\_\_\_\_ Infant/toddler only
- \_\_\_\_\_ Preschool only
- \_\_\_\_\_ Infant-preschool only
- \_\_\_\_\_ School age only

\_\_\_\_\_  
**Elementary School**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Email:**

\_\_\_\_\_  
**Website:** (if applicable)

## How do you want to be contacted?

- \_\_\_ Telephone only
- \_\_\_ Email only
- \_\_\_ Both

## Is this an update to your currently posted provider directory information?

- \_\_\_ Yes \_\_\_ No

For office use  
Card \_\_\_\_\_  
Receipt \_\_\_\_\_  
Echapters \_\_\_\_\_  
Website \_\_\_\_\_