

Family Child Care, Inc. Membership Registration

Annual Individual Membership Fee - \$65.00

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 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

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 _____