



# Florida Association for Child Care Management

## Membership Application

Program Name \_\_\_\_\_

Program Owner/Voting designee \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

How do you prefer to receive communication from FACCM? \_\_\_ E-mail \_\_\_ fax \_\_\_ other \_\_\_\_\_

Please send written communications to \_\_\_ Mailing address \_\_\_ Physical address

Program mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

County \_\_\_\_\_

Program physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

On-site contact Name \_\_\_\_\_

On site contact E-mail \_\_\_\_\_

Is this program APPLE accredited? \_\_\_yes \_\_\_ no \_\_\_ in process

Program licensed capacity \_\_\_\_\_ Please submit a copy of your license with this application

	Licensed capacity	Annual FACCM membership dues	Amount paid
	Up to 60 children	\$120.00	
	61 to 120 children	\$180.00	
	121 to 180 children	\$240.00	
	181 to 240 children	\$300.00	
	More than 240 children	\$360.00	
	Additional Programs owned * list on next page	\$100.00 each	
	Business partner *	Call for current fees	
	Associate member *	\$50.00	
	* designates non voting memberships		

**To pay by check:**

Please make check payable to FACCM  
at  
**FACCM**  
10060 Amberwood Road  
Suite # 3  
Ft Myers, FL 33913

**To pay by credit card:**

\_\_\_ Visa \_\_\_ MasterCard

Account # \_\_\_\_\_

Name on card \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Expiration date \_\_\_/\_\_\_/\_\_\_ Zip code \_\_\_\_\_

Signature \_\_\_\_\_



# Florida Association for Child Care Management

## Membership Application

### Program # 2

Program Name \_\_\_\_\_

Program mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Program physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

On-site contact Name \_\_\_\_\_

On site contact E-mail \_\_\_\_\_

Is this program APPLE accredited?  yes  no  in process

Program licensed capacity \_\_\_\_\_ Please submit a copy of your license with this application

### Program # 3

Program Name \_\_\_\_\_

Program mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Program physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

On-site contact Name \_\_\_\_\_

On site contact E-mail \_\_\_\_\_

Is this program APPLE accredited?  yes  no  in process

Program licensed capacity \_\_\_\_\_ Please submit a copy of your license with this application

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