Florida Association For Child Care Management
FACCM
Florida's Voice for Early Learning

Florida Association for Child Care Management
Membership Renewal Application

Center Name (as it appears on license):

Company Name: Tax ID:

Company Owner: Director's Name:

Owner's Email: Director's Email:

Center's Physical Address: County:

City: State: Zip Code:

Mailing Address: County:

City: State: Zip Code:

Licensed Capacity: Owner Cell: Phone: Fax:

PLEASE SUBMIT A COPY OF YOUR LICENSE WITH THIS APPLICATION

Center type: ☐Profit ☐Non Profit License Type: ☐Licensed ☐ Exempt Year Initially Licensed:_____

School Readiness: ☐Yes ☐No USDA Food Program: ☐Yes ☐No Military Funding: ☐MCCYN ☐OMCC ☐No

VPK Served: ☐No ☐School Year ☐ Year Round #of VPK Served:_____ Does School:☐Own Property ☐Rent

#of School Readiness Children you serve: _____ Other funding: _____

Do You Serve School Age: ☐Year Round ☐Summer Only ☐Periodically ☐No ☐Before/After School

How did you hear about us:_____ DCF License #:_____

Florida's Voice for Early Learning Political Contribution: ☐$25 ☐$50 ☐$100 ☐$250 ☐$500 ☐Other$_____

Licensed Capacity	Annual Dues
Up to 60 Children	$140.00
61 to 120 Children	$200.00
121 to 180 Children	$260.00
181 to 240 Children	$320.00
Over 240 Children	$380.00
Additional locations (must have the same Tax ID)	$150.00
Associate member (other than a school) *Non-Voting Status	$50.00

Your FACCM Membership certificate will be emailed to the owner and director.

Note for Non-Profits: Please list the chair or president of the Board of Directors and their email address under owner name and email

35% of your FACCM dues are non-deductible for federal income tax purposes. PC Contribution is non-deductible.

Please make checks or money orders payable to **FACCM** and mail to: 1095 Military Trail #8619, Jupiter, FL 33468

Credit Card Payment: ☐Visa ☐Mastercard ☐Discover Name on Card:_____

Credit Card Billing Address:_____

Card#:_____ Expiration Date:_____ 3-digit code:_____

Total Authorized Amount: _____ **FAX APPLICATION TO: 954-767-4701**

Signature:_____ ***Applications without a card number and/or signature will not be processed.*