



**Send to:**  
 Howard County Family Child Care Association  
 c/o VP Membership, P.O. Box 2154 Columbia, Md. 21045  
**Make check payable to: HCFCCA for \$60.00**

## HCFCCA Membership Application

Please **PRINT** clearly and fill out all information:

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Month \_\_\_\_\_  
*(Name as it appears on your OCC License)*

Address (City/Zip) \_\_\_\_\_

Telephone \_\_\_\_\_ Elementary School \_\_\_\_\_

E-mail address \_\_\_\_\_

Childcare Website \_\_\_\_\_

Member of another county's association? \_\_\_\_ Which County? \_\_\_\_\_ (present copy of member cards)

I am a registered provider in \_\_\_\_\_ county currently in full compliance with the Office of Child Care. There are no non-compliance issues currently against me.

Signature \_\_\_\_\_ Lic./Reg.# \_\_\_\_\_

Type of Membership (Check one) \_\_\_\_ New (\$60) \_\_\_\_ Renewal (\$60)

I am a Registered Provider \_\_\_\_ (one-year (12 mo.) membership, requires OCC registration number)

I am an Associate Member\* \_\_\_\_ (one-year (12mo.) membership, center staff, individual in the process of becoming licensed, Additional Adult, Etc)

**\*Only Registered Family Child Care Provider Members Are Entitled to Vote & Hold a HCFCCA Office.**

A RETURNED CHECK WILL BE ASSESSED A \$25.00 FEE.

Please check any areas in which you may be able to volunteer your time:

\_\_\_\_ Sign in/out Table \_\_\_\_ Nominating Committee \_\_\_\_ Hospitality committee \_\_\_\_ Board Member \_\_\_\_ Events/Fundraising

If there are any other special areas of interest/talents that you or a family member might find valuable to the Association (i.e. printing, accounting) please indicate: \_\_\_\_\_

WHERE/HOW DID YOU HEAR ABOUT US \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY: \_\_\_\_ CREDENTIALLED (Level \_\_\_\_ ) \_\_\_\_ FOOD PROGRAM  
 \_\_\_\_ NAFCC ACCREDITED \_\_\_\_ CDA \_\_\_\_ Excels (Level \_\_\_\_ ) \_\_\_\_ OTHER

### Member Benefits

- **Monthly Newsletter to keep you informed on trainings, regulations, legislative issues, and more!**
- **Monthly support meetings for networking and trainings with other providers in your area.**
- **Automatic membership and benefits of Maryland State Family Child Care Association Inc (MSFCCA)**
- **Parent leads for childcare through the Parent Line. (if parents need care please refer them to: [hcfccaparentline@gmail.com](mailto:hcfccaparentline@gmail.com) or 301-776-4841)**
- **Mentoring support with the Director of Mentoring**

Join us on **Facebook**: **HCFCCA Providers (a closed group)**

**President – Rhonda Watson**      443-542-9414      [hcfccabusiness@gmail.com](mailto:hcfccabusiness@gmail.com)  
**VP of Membership – Lisa McCourry**      443-285-9428      [hcfccavpmembership@gmail.com](mailto:hcfccavpmembership@gmail.com)

FOR OFFICE USE ONLY:      Ck# \_\_\_\_\_      Start/Renewal Date \_\_\_\_\_  
 Rec'd Member Packet \_\_\_\_\_      MSFCCA # \_\_\_\_\_      Exp. Date \_\_\_\_\_