

CAFCC MEMBERSHIP FORM

DATE ____/____/____

Name _____

Address _____ City Zip _____

Phone (____) _____ E-Mail Address _____

License # _____ Local Child Care Association: _____

12 MONTH CAFCC MEMBERSHIP DUES \$30.00 (Pay 70.00 if including \$40 NAFCC Membership Dues)

Make checks payable to CAFCC & mail with this form to:

Charlotte Duerr
CAFCC Treasurer
1004 Juliana Drive
Loveland, CO 80537

*As of November 2012 all issues of the CAFCC Newsletter, *The Rocking Horse*, is disseminated via e-mail only