



Pinellas Providers' Home Child Care Association, Inc.

Provider Membership Application

Please Print Clearly:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Email address: _____

Please indicate if you have one of the following: CDA _____ Accreditation _____

Master Provider _____ Degree _____ If so, Indicate Level _____

DUES

_____ \$40.00 Yearly, includes membership in local association, Pinellas Providers Home Child Care Association (PPHCCA) and Florida Family Child Care Home Association, Inc. (Tax Deductable as a Business Expense)

_____ \$70.00 Includes membership to the above and National Association of Florida Family Child Care (NAFFCC)

_____ \$30.00 Membership to National Association of Family Child Care (NAFCC) only

_____ \$10.00 Parent Membership to FFCCHA

_____ \$15.00 Parent Membership to PPHCCA and FFCCHA

Please indicate each parents name and address on back of this form

For information call

Robin Vasil /Vice President 727-420-6503 or Jeanie Runkle/ Treasurer 727-579-9786

Make Checks Payable To: Pinellas Providers Association

(Any Returned Checks will be subject to a \$25 NSF fee)

Mail To: 6227 41 Ave N, St Petersburg, FL 33709

_____ Date _____

Providers Signature

Upon signing this application, I give my permission to use my email to forward information to me from PPHCCA.

Affiliated with Florida Family Home Child Care Association, Inc.

Please add .50 or a self addressed stamped envelope if you would like your membership cards mailed to you.



Pinellas Providers' Home Child Care Association, Inc.

Applicacion para Membresia

Escriba en letra de molde (separada):

Nombre: _____

Direccion : _____

Cuidad: _____ State: _____ Codigo Postal : _____

Telefono: _____ Fecha de Nacimiento: _____

Direccion Electronica: _____

Por favor indique si usted tiene uno de lo siguiente : CDA _____ Acreditacion _____

Proveedor Principal _____ Grado _____ Si tiene, indique el nivel _____

Costos:

_____ \$40.00 de costo anual (es deducible como gasto del negocio), incluye membresia en la Asociacion local, Pinellas Providers Home Child Care Association (PPHCCA) y la "Florida Family Child Care Home Association, Inc. (FFCCHA)

_____ \$70.00 Incluye el costo de lo mencionado anteriormente y tambien para la Asociacion Nacional, "National Association of Florida Family Child" (NAFCC) Care (NAFFCC)

_____ \$30.00 membresia a la Asociacion Nacional, (NAFCC) solamente

_____ \$10.00 membresia del padre a la FFCCHA

_____ \$15.00 membresia del padre a la PPHCCA y FFCCHA

Indique por favor cada nombre y dirección de los padres detrás de este formulario

Para informacion por favor llame a :

Vice Presidente/Robin Vasil 727-420-6503 o tesorero/Jeanie Runkle 727-579-9786

Haga los cheques pagaderos a: Pinellas Providers Association

(cheques que sean devueltos por no tener fondos suficientes tendran un cargo adicional de \$25.00)

Mande su correspondencia al: 6227 41 avenida N, St Petersburg, FL 33709

_____ Fecha _____
Firma del Proveedor

Sobre la firma de esta aplicacion, doy mi permiso de utilizar mi email para remitirme la información de PPHCCA.

Afiliado con la Florida Family Home Child Care Association, Inc.

Por favor agregue .50 o un sobre estampado si quiere que su carnet se lo manden por correo.