



**Florida Association for Child Care Management
Membership Application**

Program Name (as it appears on license): _____

Program Owner: _____ Director's Name: _____

Program's Physical Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Licensed Capacity: _____ Current Enrollment: _____ Phone: _____ Fax: _____

PLEASE SUBMIT A COPY OF YOUR LICENSE WITH THIS APPLICATION

Email Address: _____ Tax Id# _____

Program type: Profit Non Profit Licensed Faith Based

#of VPK Children you serve: _____ #of Subsidized Children you serve: _____

School Readiness Yes or No USDA Food Program Yes or No Military Funding Yes or No

Other funding: _____ Is your program APPLE Accredited? ___Yes ___No ___In process

Licensed Capacity	Annual Dues
Up to 60 Children	\$120.00
61 to 120 Children	\$180.00
121 to 180 Children	\$240.00
181 to 240 Children	\$300.00
Over 240 Children	\$360.00
Additional programs (must be owned by the same corporation) Individual corporations pay based on license capacity	\$100.00
Associate member (Interested parties other than a school) *Non voting status	\$50.00

Please make checks or money orders payable to **FACCM** and mail to: 10060 Amberwood Road Suite 3 Ft. Myers, FL 33913.

Credit Card Payment: Visa or Mastercard only Card# _____

Address (where credit card bill is received, Street # and Name only): _____

Zip Code: _____ Expiration Date: _____

3-digit code (on back of card): _____ **CARD CAN NOT PROCESSED WITHOUT THIS CODE**

Signature: _____ **FAX APPLICATION TO: 239-561-7545** ***Applications without a card number and/or signature will not be processed.*