

Professional Family Child-Care and Early Education Association

Membership Application

Please complete the following:

Date: _____

First Name _____ Last Name _____

Street address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____
(If you give us your email address, please check your email often)

My Web site _____

Name of Business _____ Business Phone _____

I am the owner ____ I am an assistant ____

Ages of Children accepted _____ Elementary School Zone _____

Days open _____ Hours open _____

Professional Family Child-Care and Early Education Association (PFCEEA)
Cash is accepted only if paid in person

PFCEEA Members in good standing for one year may write checks for renewal
There is a \$25.00 fee for a check returned for insufficient funds.

Please mail payment to: 2313 Enchanted Forest Lane, Virginia Beach, VA 23453

Membership Option

\$25 I would like to join PFCEEA (Professional Family Child-Care and Early Education Association)

____ I give my permission for my name to be posted on the PFCEEA Website _____
Signature

My birthday is _____
Month day yr is optional

I started my childcare business on _____