

# 2010 TPHCCA MEMBERSHIP APPLICATION

Membership is from January 1—December 31, 2010  
Please Print the name the that is on your registration/ license

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Region \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_ License/Registration Number \_\_\_\_\_

Local Association (if member) \_\_\_\_\_ Birthday \_\_\_\_\_

Email Address \_\_\_\_\_

Please Check One:  White  Black  Hispanic  Asian or Pacific Islander  Other  
*Texas Professional Home Child Care Association does not discriminate against any person because of race, sex, color, national origin, age, or disability. To comply with Federal Regulations, we ask that you provide the above information.*

RCCH/LCCH Registration # \_\_\_\_\_ (Check one  New Member or  Membership Renewal

## Active Member

Registered Child Care Home \$45.00

License Child Care Home \$45.00

*(Must be owner co-owner, - copy of Registration or License.  
Current registration must be verified with Internet. Payment  
is required for both new members or renewals.)*

## Associate Member

Individual \$45.00

Local Association \$45.00

Small Business \$50.00

Agency/Food Sponsor \$60.00

Corporate Member \$85.00

I would also like to join National Association for Family Child Care (NAFCC). I have included my additional \$30.00 discounted dues.

Would you be interested in serving on any of the following Texas Professional Home Child Care Committees? Please check areas of interest. <input type="checkbox"/> By-Laws <input type="checkbox"/> Education <input type="checkbox"/> Election <input type="checkbox"/> Fundraising <input type="checkbox"/> Funding <input type="checkbox"/> GDH Concerns <input type="checkbox"/> RFH Concerns <input type="checkbox"/> Insurance <input type="checkbox"/> Public Policy <input type="checkbox"/> Newsletter <input type="checkbox"/> Historian <input type="checkbox"/> Membership <input type="checkbox"/> Publicity <input type="checkbox"/> Web Page
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**By becoming a member, I agree to support the goals of the Texas Professional Home Child Care Association.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send membership application and a Check or Money Order payable to:

**TPHCCA~6304 Elmhurst Rd Amarillo, TX 79106**

(There will be a \$30.00 fee on all returned checks.)

Cancellations are non-refundable and non-transferable. Please allow 6 weeks for processing.