



Send to:

Howard County
 Family Child Care Association
 c/o Judy Cascio
 3183 Sonia Trail
 Ellicott City, MD 21043

**Make check payable to:
 HCFCCA
 FOR \$45.00**

HCFCCA Membership Application

Please PRINT and fill out all information:

Today's Date _____

Name _____

Date of Birth (not year) _____

Address _____

Telephone _____

City _____ Zip _____

Elementary School _____

Check one: New _____ Renewal _____

E-Mail Address _____

I am a registered provider in _____ county currently in full compliance with the Office of Child Care. There are no non-compliance issues currently against me.

Signature _____ Lic./Reg.# _____

I have enclosed: _____ \$45 Registered one-year membership (requires OCC registration number)

_____ \$45 Associate one-year membership (in process for OCC registration number, or other individuals)

_____ Check here if you are one of two or more HCFCCA member with the same address. ONE newsletter will be sent. Name (s) of other member (s): _____

Please check any areas in which you may be able to volunteer your time:

___ Phone calls ___ Legislative committee ___ Hospitality committee ___ membership ___ mailings ___ other

If there are any other special areas of interest/talents that you or a family member might find valuable to the Association (i.e. printing, accounting) please indicate: _____

President	Donna Osing	(410) 461-3814	osing2@verizon.net
VP of Membership	Judy Cascio	(410) 461-1694	jcas10@comcast.net

FOR OFFICE USE ONLY:	Ck# _____	Start Date: _____
	Rec'd Member Packet _____	Exp. Date: _____