

CAFCC Membership Form

Today'	s Date		
First Name		Last Name	
Addres	ss	City	Zip
Phone	#E-I	Mail:	
License	e Number License Type		
Local A	.ffiliate (check if you also have a member	ship)	
			Eagle County (ECAFCC)
	Adams County (AFCC)		Jefferson County (JCCCA)
	Arapahoe County (ACFCC)		Larimer/Loveland (LFCCA)
	Black Canyon (BCCCA)		Larimer/Partners Ft. Collins (PCCA)
	Boulder County (BCFCCA)		Mesa County (MCFCCH)
	Broomfield (BCCA)		Pikes Peak (PPRFCCA)
	Denver County (DAFCC)		Summit County (SCCCA)
	Douglas County (DCCCA)		Weld County (WCFCCA)
Nation	al Memberships (check if you also have a	n membership)	
	NAFCC		
	NAEYC/COAEYC		
Memb	ership Type:		
	Member \$40		
	Advocate \$40		
Conser	nt to Use Name and/or Photo		
Please	read the following consent statements a	nd check the appropri	ate space. Implied consent will be assumed
when r	no box is selected.		
ID	oI Do Not give permission for CAFCC	to use my name or ph	noto in publications, videos, and website.
I D	oI Do Not give permission for CAFCC	to sell my name and h	nome address as part of a Mailing List.
Note: \	our image may appear in group photos;	therefore, you are res	ponsible for removing yourself from group
photos			
Signature			Date
To pay	with credit card please go to the CAFCC	Website: <u>www.colorac</u>	docafcc.org
Make o	check payable to CAFCC and mail with thi	s form to:	
	Ann Southam		
	1402 S. Kittredge St.		
	Aurora, CO 80017		For Office Her Oct
	-,		For Office Use Only:
			Received
			Amount

Check # _____

Data Base ____

Certificate Mailed____