



CAFCC Membership Form

Today's Date _____

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone # _____ E-Mail _____

County _____ License Number _____

License Type

- | | | |
|--------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 6+2 | <input type="checkbox"/> Experienced | <input type="checkbox"/> Infant/Toddler |
| <input type="checkbox"/> Large | <input type="checkbox"/> 3 Under 2 | |

Local Memberships (check if you also have a membership)

- | | |
|---|--|
| <input type="checkbox"/> A Caregiver Network (ACGN) | <input type="checkbox"/> Eagle County (ECAFCC) |
| <input type="checkbox"/> Adams County (AFCC) | <input type="checkbox"/> Jefferson County (JCCCA) |
| <input type="checkbox"/> Arapahoe County (ACFCC) | <input type="checkbox"/> Larimer/Loveland (LFCCA) |
| <input type="checkbox"/> Black Canyon (BCCCA) | <input type="checkbox"/> Larimer/Partners Ft. Collins (PCCA) |
| <input type="checkbox"/> Boulder County (BCFCCA) | <input type="checkbox"/> Mesa County (MCFCCH) |
| <input type="checkbox"/> Broomfield (BCCA) | <input type="checkbox"/> Pikes Peak (PPRFCCA) |
| <input type="checkbox"/> Denver County (DAFCC) | <input type="checkbox"/> Summit County (SCCCA) |
| <input type="checkbox"/> Douglas County (DCCCA) | <input type="checkbox"/> Weld County (WCFCCA) |

National Memberships (check if you also have a membership)

- NAFCC
- NAEYC/COAEYC

Membership Type:

- Member \$40
- Advocate \$40

Consent to Use Name and/or Photo

Please read the following consent statements and check the appropriate space. Implied consent will be assumed when no box is selected.

___ I Do ___ I Do Not give permission for CAFCC to use my name or photo in publications, videos, and website.

___ I Do ___ I Do Not give permission for CAFCC to sell my name and home address as part of a Mailing List.

Note: Your image may appear in group photos; therefore, you are responsible for removing yourself from group photos.

Signature _____ Date _____

To pay with credit card please go to the CAFCC Website: www.coloradocafcc.org

Make check payable to CAFCC and mail with this form to:

Ann du Bouchet
1402 S. Kittredge St.
Aurora, CO 80017

For Office Use Only:

Received _____

Amount _____

Check # _____

Data Base _____

Certificate Mailed _____