# *MEMBERSHIP FORM*

FIRST NAME MIDDLE LAST

MAILING ADDRESS

CITY STATE ZIP

COUNTY REGION PHONE

EMAIL

❑New Member ❑ Renewing Member

***PLEASE CHECK YOUR MEMBERSHIP OPTION:***

❑ WFCCA - $20.00

❑ WFCCA/NAFCC - $60.00

❑ Donation for WFCCA Conference Scholarship Fund
$_____

**TOTAL AMOUNT $_____**

PAYMENT: ❑ Check ❑ Money Order ❑ Invoice via PayPal

***Make check or money order payable to WFCCA (NSF $35.00)***

***PayPal honors: Visa, MasterCard, Discover, American Express, Pay-Pal Credit. PayPal membership NOT required.***

***Mail to:*** Sarah Fleming
4480 Coriander Ct.
Kaukauna WI 54130

**Go to www.wisconsinfamilychildcare.org**

**to register and pay on-line.**

WFCCA at wisfcca@gmail.com (608) 322-1260