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@gmial.com (608) 322-1260