

GFCCA MEMBERSHIP FORM 2017

Mail Form and \$40 (January) \$45.00 (2017 February) Payment To: P.O. Box 957266 Duluth, GA 30095

Name	Birthdate (mm/dd)		
Address			
Telephone		Cell	
E-Mail			
	none number and items belo		ral list and/or GFCCA website
Your Elementary Sch	ool District:		
Hours of Operation: Ages of Children you Care for:		en you Care for:	
How long have you b	een in Child Care?		
State Registration NumberExpiration Date(Located on BFTS Registration Certificate)		Date	
	tations or degrees th	iat you currently	have:
Media Consent Form I hereby give my permission/consent for myselfto be photographed and or have video recordings of myself by GFCCA. I further give permission for the photographs/video to be posted on social media such as facebook.			
GFCCA Member Signature		Date	
ASSOCIATION AND (1) Refreshments		(3) Newsletter	WILLING TO HELP OUT OUR (4) Special Events (8) Open House (12) Referrals mmittee
	Membership Certificate		
Membership paid by Cash	Check #	Received By	Date