



GFCCA MEMBERSHIP FORM 2019

Mail Form and \$40 (January) \$45.00 (after February 1st) Payment To: P.O. Box 871292, Stone Mountain, GA 30087

Name _____ Birthdate (mm/dd) _____

Address _____

Telephone _____ Cell _____

E-Mail _____

Would you like your Email listed on the GFCCA website? _____

For Referral Purposes

Name, telephone number and items below will appear on referral list and/or GFCCA website

What is the nearest crossroads to your Child Care? _____

Your Elementary School District _____

Hours of Operation _____ Ages of Children you Care for _____

How long have you been in Child Care? _____

State Registration Number _____ Expiration Date _____

(Located on BFTS Registration Certificate)

****List any accreditations or degrees that you currently have:** _____

Media Consent Form

I hereby give my permission/consent for myself _____ to 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

PLEASE SELECT AT LEAST ONE AREA IN WHICH YOU ARE WILLING TO HELP OUT OUR ASSOCIATION AND CIRCLE.

- | | | | |
|-------------------|--------------------------|---------------------------|--------------------|
| (1) Refreshments | (2) Phone Calls | (3) Newsletter | (4) Special Events |
| (5) Tour of Homes | (6) Discounts & Freebies | (7) Membership | (8) Open House |
| (9) Grant Writing | (10) Publicity | (11) Social Events | (12) Referrals |
| (13) Scrapbook | (14) Board Members | (15) Nominating Committee | |

T-Shirt Size _____

Membership paid by Cash _____ Check # _____ Received By _____ Date _____