

WSFCCA MEMBERSHIP APPLICATION

(one person per membership application)

Name (Licensee) _____

Name (Assistant) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____ STARS ID _____

Choose Your Chapter (See Chapter List)

Chapter Name _____

Dues if you are a Full Member or an Associate Member for your chosen Chapter

Check one \$ _____ Full Member Cost (Holds a valid child care license see chapter for cost)

\$ _____ Associate Member Cost (assistant, spouse, center provider, retired.)
(If your chapter does not offer an associate member cost you pay full membership cost)

Accidental/Medical Insurance for your Child Care Business **(THIS IS NOT LIABILITY INSURANCE)**

\$50.00 PER YEAR FOR UP TO 12 CHILDREN OCT 1, 2023—SEPT 30, 2024

This Accidental Insurance is a secondary coverage to the parent's Insurance. It will pick up what the parent's insurance won't cover or all costs if there is no insurance.

See <https://www.wsfcca.com/benefits> for more information and to read the Insurance Policy.

Contact Abra Zink, (206) 403-8282 -- immediately should an accident happen within 90 days.

CHAPTER DUES \$ _____

ACCIDENTAL/MEDICAL \$ _____

TOTAL DUE \$ _____

Mail Checks or Money Orders (PLEASE NO CASH)

CHECK NUMBER _____ \$60.00 NSF CHECK CHARGE

ACCIDENTAL/MEDICAL INSURANCE (THIS IS NOT LIABILITY INSURANCE)

This Accidental Insurance is a secondary coverage to the parent's Insurance. It will pick up what the parent's Insurance won't cover or all costs if there is no Insurance. See Wsfcca.com for more information and to read the policy. Contact Abra Zink immediately should an accident happen.

**Make checks payable to Wsfcca and mail to
Abra Zink, Wsfcca Membership
11422 NE 21st St., Bellevue, WA 98004**