

WSFCCA MEMBERSHIP APPLICATION
(one person per membership application)

Name/Nombre (Licensee)_____

Name/Nombre (Assistant/(Asistentes)_____

Address/ Direccion _____

City/Ciudad _____

State/Estado _____ Zip/ C.P. _____

County _____

Phone/Telefon _____

Email _____

STARS ID/ Numero de Estrellas _____

Choose Your Chapter (See Chapter) Seleccione su capítulo(Mire su opción de capítulos)

Chapter Name/ Nombre del capitulo_____

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

Check one _____ Full Member (Holds a valid child care license see chapter for

_____ Associate Member (assistant, spouse, center provider, retired.)

(If your chapter does not offer an associate member cost you pay full membership cost)

CHAPTER DUES \$ _____

Mail Checks or Money Orders (PLEASE NO CASH)

CHECK NUMBER _____ \$60.00 NSF CHECK CHARGE

Make checks payable to WSFCCA and mail to
Lari Piel, WSFCCA Membership
3514 NE 155th Ave.
Vancouver, WA 98682

