

## Membership Application / Renewal Form

Organization/Company Name (if applicable):		
Primary Contact Name:		
Address:		
City:	State:	Zip Code:
Contact E-mail Address:		
Phone: (    )	Fax: (    )	

Check your membership level:

	Sponsor of Family Child Care Homes (Specify # of Child Care Homes): _____	\$50.00
	Sponsor of Child Care Centers: (Specify # of Child Care Centers): _____	\$50.00
	State Agency Representative	\$60.00
	Individual Membership	\$25.00
	Student Membership	\$00.00
	CACFP Advocate - (not affiliated with the CACFP)	\$25.00
	Child Care Provider (Home based)	\$25.00
	Child Care Provider (Center based)	\$25.00
Visit our website at <a href="http://www.cacfpforum.com">www.cacfpforum.com</a> to register and pay online.		
Total		

Please make checks payable to:  
 National CACFP Forum, Attention: Reynaldo Green  
**Quality Care for Children**  
**c/o Nutrition Department/National CACFP Forum**  
**2751 Buford Highway, NE**  
**Suite 500**  
**Atlanta, GA 30324**

Amount Enclosed: \_\_\_\_\_

The membership year begins October 1<sup>st</sup> and runs through September 30<sup>th</sup>.

Voting Members: CACFP Home, Center Sponsors

Non-Voting Members: State Agencies, Advocates, Students, Child Care Providers, Independent Child Care Centers, and Individual Members.