

**Verona Family Child Care Association**  
**MEMBERSHIP INVOICE**

Membership Year - January 1 to December 31

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Check Only One Membership Option:**

\_\_\_\_\_ I am a Family Child Care Provider and I would like to be a Member of VFCCA. I have enclosed a check for \$25.00.

\_\_\_\_\_ I/we would like to be a Friend of VFCCA. Enclosed is a check in the amount of \$10.00

Make checks payable to VFCCA and mail to:

VFCCA  
C/O Alexa Frommherz, Treasurer  
2569 Chesapeake Drive  
Fitchburg, WI 53719