Verona Family Child Care Association (VFCCA)
MEMBERSHIP INFORMATION

** Membership Year - January 1 to December 31 **

Name _____

Business Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

_____ 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.

Make checks payable to VFCCA and mail to:

VFCCA
C/O Alexa Frommherz, Treasurer
6988 Sandy Ridge Court
Verona, WI 53593