



NAFCC Accreditation Self-Study Enrollment Form

Candidate Information		
First Name	MI	Last Name
Business Name		
Address on License, Registration or Certificate		Phone
		Fax
Mailing Address		Email
City	State	Zip
County		Country
Base/Installation		I would prefer materials in... <input type="checkbox"/> English <input type="checkbox"/> Spanish
<p>NAFCC is going green! Receive accreditation updates, important information, and special promotions via email.</p> <p><i>Make sure we have a valid email address so you won't miss out.</i></p>		
<p>Submit form and payment to:</p> <p>NAFCC 1743 W. Alexander St. Salt Lake City, UT 84119</p>		<p>Contact NAFCC:</p> <p>Phone: 800-359-3817 Fax: 801-886-2325 accreditation@nafcc.org www.nafcc.org</p>

Payment Information		
Member <input type="checkbox"/> \$35 Membership Renewal Fee New members must complete the attached membership application or apply online at www.nafcc.org <input type="checkbox"/> \$300 Self-Study Enrollment Fee <input type="checkbox"/> \$900 Accreditation Fee Package-A \$50 SAVINGS! Includes Self-Study, Application and Annual Renewal Fee Total amount \$_____	Non-Member <input type="checkbox"/> \$425 Self-Study Enrollment Fee <input type="checkbox"/> \$1275 Accreditation Fee Package-A \$75 SAVINGS! Includes Self-Study, Application and Annual Renewal Fee Total amount \$_____	
<input type="checkbox"/> A personal check is Enclosed. Check #_____ Make check payable to: NAFCC Accreditation		
My accreditation fees are being paid by <input type="checkbox"/> Agency/Project (specify)_____		
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Airforce <input type="checkbox"/> Other (specify)_____		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard # _____		Expiration Date _____
Name on Card (please print) _____		
Billing Address Phone _____		
City _____	State _____	Zip _____
Signature _____		

NAFCC Membership Application

First Name _____ Middle _____ Last Name _____

Name of Business, Agency or Child Care Association _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone (____) _____ Fax (____) _____ Email _____

Military No Yes If yes, branch: Air Force Army Coast Guard Navy Marines

Base/Installation _____ Country _____

How did you hear about NAFCC? Colleague R&R Association Publication Website Other _____

Are you a member of a child care association? Yes No Local State National List: _____

What association benefits interest you? Training Advocacy Newsletter Discounts Other _____

Are you a Family Child Care Provider? Yes No Enrollment Capacity: Infants 1-2 3-4 Toddlers 1-4 5-8
Preschoolers 1-4 5-8 School-age 1-4 5-8 9+

Are you a Family/Group Child Care Provider? Yes No Enrollment Capacity: Infants 2 4 6 Other _____
Toddlers 4-7 8-10 Preschoolers 4-7 8-10
School-age 4-7 8-10 11+

Check all that apply: Licensed Registered Certified Credential Accredited CDA Other _____

Are you a CACFP Participant? Yes No

Are you an employee of an agency? Yes No If yes, please specify R&R CACFP Licensing Other _____

Are you an officer or staff of an association? Yes No If yes, please specify Local State National

Are you an Accreditation Observer? Yes No

Only for Demographic Information

How would you describe yourself?

(Please select only one race.)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic origin
- Hispanic
- White, not of Hispanic origin
-
- Male Female

- Are you fluent in English? Yes No Fluent in Spanish? Yes No
- Fluent in any other language? Yes No Specify _____
- Years child care experience: 1-5 6-10 1-15 6-20 21-30 31+
- Education: Less than High School High School Diploma
- Some College Associate Degree Bachelors Degree Masters Degree
- Doctorate Degree Other _____
- Age: 18-24 25-29 30-39 40-49 50-59 60+
- Income: Less than 15,000 15,000-30,000 30,000-45,000
- 45,000-60,000 60,000-75,000 75,000-90,000 90,000+

Would you be interested in serving on any of the following NAFCC Committees? (Check all that apply.)

- Accreditation Association Support & ALI Conference Diversity and Inclusion Fundraising
- Historian Membership Newsletter Nominations Organizational Development
- Professional Development (PDI) Public Policy Public Relations Regional Representatives

Please check your membership category:

- Individual Membership: \$35.00
 - Provider Parent Advocate
- Association Membership (reserved for state and local family child care associations): \$70.00
- Child Care Agency: \$140.00

Method of Payment (please check one):

- Check Money Order or Charge to Visa Mastercard

Expiration Date _____

Credit Card # _____

Signature _____

Name on Card _____

Please make checks or money orders payable to NAFCC (US Currency Only). Send to: 1743 W. Alexander St. • Salt Lake City, Utah 84119

MEMAPPL06-08-07