

  
**Columbia River Family Child Care Association**

---

Membership Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

FREE Website Listing on [www.crfcca.com](http://www.crfcca.com) Information

Business Name: \_\_\_\_\_  
Area you live in: \_\_\_\_\_  
School you serve: \_\_\_\_\_  
Website: \_\_\_\_\_

Check One:

- Full Member (Licensed provider) All Licensed providers are full members  
 Associate Member (Spouse, Assistant, Retired provider)  
 Auxillary (Oregon provider, Center Staff, Preschool Staff all other supporters)

Chapter you are joining: Columbia River Chapter  
Dues for that Chapter \$65.00

Make checks payable to CRFCCA and send to:

Tekla Frederick  
12801 SE Angus St.  
Vancouver, WA 98683