



Kathie Cessford
Membership Director

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Member of Western Canada Family Child Care Association of B. C. and Affiliate Member of Canadian Child Care Federation

S.V.I.F.C.C.A. Membership Questionnaire 2009-2010

PLEASE PRINT:

Member's Full Name: _____

Child Care Name: _____

Address: _____

_____ Postal Code: _____

Phone#: _____ Email Address: _____

S.V.I.F.C.C.A. respects your right to privacy with your email address and we promise not to send you any junk email and would never sell the list of addresses to anyone.

We are trying to have a mass distribution list of all our members to keep you updated with any child care related issues.

I give permission to forward my email address to BCFCCA Y__ N__

I operate a _____ licensed family child care
_____ legal licensed-not-required family child care

Closest Elementary School _____

Are you a member of Child Care Resource and Referral? _____ Yes _____ No

I am in agreement with the principles and objectives of the Association and agree to abide by its bylaws and regulations.

Date: _____ Signature: _____

Annual Membership Fees - \$75.00

Please return with your cheque made payable to: S.V.I.F.C.C.A.

Send to: SVIFCCA, Membership Director

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