

Texas Professional Home
Child Care Association
2010 Association
Membership Application
January 1st 2010 to December 31 2010

Name of Association _____

Address _____

City, State, and Zip Code _____

Region the association serves _____

_____ Association Membership is \$45.00 annually

_____ 100% Membership is \$0.00 annually **IF** all
your members are individual members of TPHCCA. Please submit
your roster of members.

Please enclose your check or money order payable to:

Carolyn Friederich
6304 Elmhurst Rd
Amarillo, TX 79106
1-806-468-8859

If any further information is needed please contact the Membership
Secretary:

Wanda Moss
TPHCCA Membership Secretary
91 Ravenswood
Bedford TX 76022
817-282-5162
wandamoss@tx.rr.com