

Texas Professional Home
Child Care Association
2014 Association
Membership Application
January 1st to December 31, 2014

Name of Association _____

Address _____

City, State, and Zip Code _____

Region the association serves _____

_____ Association Membership is \$50.00 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: TPHCCA
Send to:

Lisa Brooks
1154 Weaver Street
Cedar Hill, TX 75104
tphccatransaction5@sbcglobal.net

For questions regarding payments, please call (972) 293-7673

If any further membership information is needed, please contact:

Jackie Lewis
TPHCCA Membership Secretary
823 Oriana Drive
Mesquite, TX 75181
(214) 893-1343
tphccamembers@gmail.com