
FLORIDA CONSORTIUM OF ADVOCATES FOR INFANTS AND TODDLERS, INC.

MEMBERSHIP APPLICATION

Name _____

Mailing Address _____

Phone (H) _____ (W) _____ (Cell) _____

Fax _____ E-Mail Address _____

Dues may be paid by check or Paypal

Family Membership	\$10.00	()
Family Fee Waiver Request	\$ 0.00	()
General Membership	\$25.00	()
I would like to sponsor a		
Family Membership	\$10.00	()

Total Enclosed \$_____

Payment () **Paypal** () **Check**

Dues payable by 4/30 each year.

Please send the application & check to:

Brenda Ham, Treasurer

Bay Area Early Steps

13101 N. Bruce B. Downs Blvd.

Tampa, FL 33612

Paypal payments can be made at www.fcait.org

