**Membership dues from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **local child care association**

**Annual membership dues are $15 per person if paying through a local child care association. Individual rate is $40**

**Mail to: Sonnia Jones, P.O Box 473, Rocky Mount, VA 24151**

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| --- | --- | --- | --- | --- | --- | --- |
| **name** | **address** | **city** | **zip** | **birthdate** | **Phone #** | **email** |
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