



AACCA

Alabama Association of Child Care Agencies

Danny Holmes
AACCA Treasurer
c/o AGAPE of North Alabama, Inc.
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Agency Name: _____

Contact Person: _____
*If you are not employed by or representing a child care agency, use your personal information and pay **INDIVIDUAL DUES**.*

Mailing Address: _____

Contact's E-Mail Address: _____

Contact's Phone Number: _____

Agency Phone Number: _____

Agency Website: _____

<i>Quantity Description</i>				<i>Dues</i>	
<i>Item</i>	<i>Due Date</i>	<i>Amount</i>	<i>Status</i>	<i>Total Due</i>	
AGENCY DUES	01-31-23	400.00	Current	400.00	
UNAFFILIATED INDIVIDUAL DUES		50.00		50.00	
Pay only AGENCY DUES or UNAFFILIATED INDIVIDUAL DUES, not both.				<i>Balance</i>	
				<i>Due Upon</i>	
				<i>Receipt</i>	

Tax Payer Identification # 63-0767824