



## C.A.R.E. Membership Application

2433 Hickory Ave

Longview, WA 98632

[www.careforproviders.com](http://www.careforproviders.com)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Licensed Family Childcare or Center: \_\_\_\_\_

Any other Information you would like C.A.R.E to know?

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