CANADIAN FOSTER FAMILY ASSOCIATION

Membership Application
April 1st 2011 to March 31st 2012

New Member: _____ **Renewal: _____**

Foster Family: ____ Social Worker____Organizational:____Provincial/Terr:____ other: ____

Name(s): _____

Address: _____

City/Town: _____ Prov. /Terr.: _____PC:_____

Phone: ( ) _____ Fax:( ) _____

Email: _____

Donor Membership Fee: $20.00 1 Year *or* $100.00 6 Years
Organizational Membership Fee: $200.00 1 Year
Provincial/Territorial Membership Fee: $400.00 1 Year

Method of payment: Cheque: Money Order:

Mail this form and your membership fee to:

Sharon Joyal
Membership Chair
Box 1 Group 25 RR2
Ste Anne, Manitoba
R5H 1R2

FOR OFFICE USE ONLY

Receipt Number: _____ *Date Received:* _____

Date Mailed: _____ *Initial:* _____