



**CANADIAN FOSTER FAMILY ASSOCIATION**  
**Membership Application**  
**April 1<sup>st</sup> 20\_\_ to March 31<sup>st</sup> 20\_\_**

**New Member:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_

Foster Family: \_\_\_\_\_ Social Worker \_\_\_\_\_ Organizational: \_\_\_\_\_ Provincial/Terr: \_\_\_\_\_ other: \_\_\_\_\_

**Please Print Legibly**

Name(s): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Prov/Terr \_\_\_\_\_ PC: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**A Newsletter will be sent electronically 3 times per year. If you prefer a hardcopy sent to you in the mail please indicate here**

**Membership Fees:**

1 Year Personal Membership: \$20.00  6 year Personal Membership: \$100.00

1 year Organizational membership Fee: \$200.00

1 year Provincial/ Territorial Membership Fee: \$400.00

**For more information and Method of payment contact:**

[membership@canadianfosterfamilyassociation.ca](mailto:membership@canadianfosterfamilyassociation.ca)

**Thank You for Supporting the  
Canadian Foster Family Association!**

For Office Use

Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_

Dated Forwarded \_\_\_\_\_ Initial \_\_\_\_\_