



## CANADIAN FOSTER FAMILY ASSOCIATION

### Membership Application April 1<sup>st</sup> 2009 to March 31<sup>st</sup> 2010

**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: \_\_\_\_\_ Visa: \_\_\_\_\_ MC: \_\_\_\_\_

**A Receipt for Income Tax Purposes Will Be Issued upon request - Revenue Canada #137467726 RR001\***

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: \_\_\_\_\_