



CANADIAN FOSTER FAMILY ASSOCIATION

Donor Membership Application April 1st 2008 to March 31st, 2009

New Member: Renewal:

Foster Family: Social Worker: Other: _____

Name(s): _____

Address: _____

City/Town: _____ Prov./Terr.: _____ P.C: _____

Phone: (____) _____ Fax/Email: _____

Family Membership Fee: \$20.00 1 Year: or \$100.00 6 Years:

Method of payment: Cheque: Money Order: Visa: MC: Money Order: Cash:

** Corporate & Associate (Group) Membership Fees Available on Request.
A Receipt for Income Tax Purposes Will Be Issued - Revenue Canada #137467726 RR0001*

Mail this form and your membership fee to:

CANADIAN FOSTER FAMILY ASSOCIATION
c/o Norm Brownell
Alberta Foster Parent Association
Suite #102, 9622 – 42nd Avenue
Edmonton, Alberta T6E 5Y4
Fax: (780) 426-7151 / Phone: 1-800-667-2372

FOR OFFICE USE ONLY

Receipt Number: _____

Date Received: _____

Date Mailed: _____

Initial: _____