

*B. C. FEDERATION OF FOSTER PARENT ASSOCIATIONS APPLICATION FOR
MEMBERSHIP
'IT PAYS TO BE A MEMBER'*

*Please complete & return to: BCFFPA 207-22561 Dewdney Trunk
Road, Maple Ridge BC, V2X 3K1*

NAME(S): _____

PHONE: _____ *DATE:* _____

ADDRESS: _____

CITY: _____ *P/C:* _____

E-Mail: _____ *Macro Region* _____

Region _____ *Local Association* _____

THIS IS A NEW MEMBERSHIP _____ *OR A RENEWAL* _____ *of*

Receipt # _____

1 year individual \$30.00 _____ *couple \$35.00* _____ *2 year*

individual \$50.00 _____ *couple \$60.00* _____

*N. B. \$10.00 of this membership fee will be used by the provincial
body for administration of the program and development of
services to foster parents. The balance of the fee will be
returned to your region or local associations if there is no
regional council in existence.*

The type of service I provide is: Kith/ Kin _____ *Restricted* _____ *Regular* _____ *Level 1* _____

Level II _____ *Level III* _____ *Other* _____ *Youth Justice* _____

*I/we contract with (i. e. delegated agency, regional agency, MCFD
etc.) of Agency* _____

*OR my affiliation with the BCFFPA is (i. e. staff, MCFD, non-
foster parent):* _____

*As members of the B. C. Federation of Foster Parent Associations,
I/we agree to abide by the Bylaws, Policy and Procedures, and
Code of Ethics of the Federation.*

signature(s)

Please bill my VISA _____ *M/C* _____

_____ *Expires* _____

Please write clearly, and thank you for your support!