

ASSOCIATE MEMBERSHIP APPLICATION

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If you are already a member of your local chapter Foster Parent Association you are automatically a member of California State Foster Parent Association as long as your local pay their dues each year. This application is for associate membership only.

January 1st thru December 31st 2017

NAME:

SPOUSE:

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

Please make check payable to CSFPA for (\$25.00) per person and mail to:

Membership Chairperson
Mary Hagenbeck
4377 Wesley Way
El Sobrante, CA 94803
(510) 223- 2022