

**CHAPTER OFFICERS ROSTER
CSFPA MEMBERSHIP CHAIRPERSON
MARY HAGHENBECK
4377 WESLEY WAY
EL SOBRANTE, CA 94803**

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Date _____

**We wish to join the California State Foster Parent Association as a Chapter Member for the year:
_____ (Please fill in all blanks. Type or Print very clearly.)**

Association Name: _____ **Chapter #:** _____

Address: _____ **City:** _____

County: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Chapter EIN #: _____ **Fax #:** _____

E Mail #: (Please type or print very clearly) _____

ROSTER: THE FOLLOWING MUST BE COMPLETE

President: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

1st Vice President: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Secretary: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Treasurer: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Membership Chairperson: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

(please see other side)

INCOME TAX INFORMATION: CHECK ONE - SIGN AND DATE THIS FORM.

AFFILIATE CHAPTER: A FPA THAT OPERATES UNDER IT'S OWN NON-PROFIT STATUS.
CALIFORNIA ORGANIZATIONAL NUMBER.

SEND A COPY OF YOUR CURRENT 'STATEMENT OF DOMESTIC NONPROFIT CORPORATION' AND YOUR TAX REPORT.

A copy must be file with the State Membership Chairperson.

SUBORDINATE CHAPTER: A FPA THAT OPERATES UNDER THE CSFPA NON-PROFIT STATUS.

Subordinate chapters are responsible to send quarterly financial reports to the CSFPA Treasurer.

Send copies of all bank statements, financial contracts, grants, fund raising reports, tax letters and tax reports.

The signatures below signify affirmation in regards to the chapter's income tax status, and the adopting of our By-laws and Procedures.

President: _____ **Date:** _____

Vice President: _____ **Date:** _____

Treasurer: _____ **Date:** _____

Secretary: _____ **Date:** _____

ADDITIONAL VICE PRESIDENTS (IF ANY) ALL MUST BE SHOWN

2nd Vice President: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

3rd Vice President: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Please include a copy of the President's Foster Care License and the 1st Vice President's Foster Parent License or a copy to show they have a certified home.

This is a must.