



**CALIFORNIA STATE FOSTER PARENT ASSOCIATION INC.**  
Representing all Resource Families  
**CHAPTER ROSTER**

Complete and submit to: Mary Heghenbeck, Membership Chairperson  
4377 Wesley Way, El Sobrante, CA 94803

Tel: (510) 223-2022 Fax: (510) 223-2022 Email: membership.csfpa.gmail.com

**Please fill in all blanks. Type or print clearly.**

Year of Chapter Membership Roster: \_\_\_\_\_

Association Name: \_\_\_\_\_ Chapter # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Chapter EIN#: \_\_\_\_\_ FTB#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email (Please print legibly or type): \_\_\_\_\_ @ \_\_\_\_\_

**ROSTER (ALL items must be completed)**

President: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

First Vice President: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Second Vice President: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_

Membership Chairperson: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_

INCOME TAX INFORMATION (CHECK ONE)

SIGN AND DATE THIS FORM.

AFFILIATE CHAPTER:

**A FPA that operates under its own nonprofit status.  
California organizational number.**

Send a copy of your Current "Statement of Domestic Nonprofit Corporation" and your tax report. A copy must be on file with the CSFPA Membership Chairperson.

\_\_\_\_\_

SUBORDINATE CHAPTER:

**A FPA that operates under the CSFPA Nonprofit status.**

Subordinate chapters are responsible to send Quarterly Financial reports to the CSFPA Treasurer. Send copies of all bank statements, financial contracts, grants, fundraising 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.

\_\_\_\_\_ Date \_\_\_\_\_  
President

\_\_\_\_\_ Date \_\_\_\_\_  
Vice President

\_\_\_\_\_ Date \_\_\_\_\_  
Treasurer

\_\_\_\_\_ Date \_\_\_\_\_  
Secretary

Additional Vice President (if any)

\_\_\_\_\_ Date \_\_\_\_\_  
Vice President

Please include a copy of the President and First Vice President's Resource Family (aka Foster Home) certificate. In addition, a letter from the President and both Vice President's placement agency or county verifying they are open for placement and in good standing should be included. **This is required to hold the position of President or Vice President.**