



California State Foster Parent Association, Inc.  
Representing all California Resource Families  
*"To Touch A Life Forever"*

## CHAPTER ROSTER FORM

Complete and submit to: Carol Ihlenburg, Interim Membership Chairperson  
272 Devon Drive, San Rafael, CA 94903  
Tel: (415) 507-1822      Email: csfpanewsletter@gmail.com

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

Year of Chapter Membership Roster: 2018

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 \_\_\_\_\_  
1<sup>st</sup> Vice President

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

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

\_\_\_\_\_ Date \_\_\_\_\_  
2<sup>nd</sup> Vice President

Include a copy of the President and First Vice President's Resource Family certificate/Foster Home license. 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.**