



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, 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: 2019

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 _____
1st Vice President

_____ Date _____
Treasurer

_____ Date _____
Secretary

_____ Date _____
2nd 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.**