



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

FINANCIAL ACCOUNTS

CHAPTER # _____ DATE _____

CHAPTER NAME _____

CHAPTER ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY ACCOUNT

NAME OF FINANCIAL INSTITUTION _____

TYPE OF ACCOUNT _____ ACCOUNT # _____

ADDRESS _____

ALL ACCOUNTS MUST HAVE TWO (2) SIGNATURES (NON-RELATED PERSONS)

#1. NAME _____ TITLE _____

#2. NAME _____ TITLE _____

#3. NAME _____ TITLE _____

SECONDARY ACCOUNT

NAME OF FINANCIAL INSTITUTION _____

TYPE OF ACCOUNT _____ ACCOUNT # _____

ADDRESS _____

ALL ACCOUNTS MUST HAVE TWO (2) SIGNATURES (NON-RELATED PERSONS)

#1. NAME _____ TITLE _____

#2. NAME _____ TITLE _____

#3. NAME _____ TITLE _____

SUBMIT TO: Carol Ihlenburg, Membership Chair, 272 Devon Drive, San Rafael, CA 94903