



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

ASSOCIATE MEMBERSHIP APPLICATION

If you are a member of your local chapter Foster Parent Association, you are automatically a member of the California State Foster Parent Association as long as your local association has paid their annual dues and submitted their required annual paperwork.

This application is for associate membership only.

January 1st thru December 31st Year: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CSFPA NEWSLETTER PREFERENCE: Email _____ Regular Mail _____

Submit check payable to CSFPA for \$25.00 per person to:

Carol Ihlenburg
Membership Chairperson
272 Devon Drive
San Rafael, CA 94903
(415) 507-1822