

Application

“Won’t you join our efforts to support foster care providers and adoptive families and enhance the lives of foster children, adoptive children and adults in care.”

Membership is for 12 months from date of enrollment. \$30.00 dues are TAX DEDUCTIBLE. Members will receive four issues of “Our Families” and discounts to training conferences

PLEASE: PRINT CLEARLY

I am a:

Child Care Provider

Adult Provider

Adoptive Parent

Supporter

Social Worker

In What County do you live? _____

Membership is for your organization or family. \$ 30.00

Additional Donation \$ _____

Scholarship Fund \$ _____

Operating Costs \$ _____

Kathie Wadsworth Fund \$ _____

Total Enclosed \$ _____

Name:

Address:

City

State

Zip

E-mail

Phone:

Alternate Phone:

Send membership application and check payable to:

FACAM
PO Box 48716
Minneapolis, MN 55448