

National Foster Parent Association Membership Application

(Membership is for 12 months from date of application. Pay for 3 years and get the 4th free. Dues are tax deductible.)*

Membership Category <input type="checkbox"/> regular (\$35) <input type="checkbox"/> affiliate (local-\$50) <input type="checkbox"/> affiliate (state-\$75) <input type="checkbox"/> agency \$100 <input type="checkbox"/> lifetime \$1000 <input type="checkbox"/> Scholarship Donation <input type="checkbox"/> General Fund/ Education Donation			
Name (please print)			daytime telephone no. ()
Affiliation/organization (if applicable)		email: _____ (or fax:)	
Mailing address _____		City _____	State _____ Zip _____
Payment Method <i>(circle one)</i> VISA MC Am. Exp. DISCOVER Check (# _____) Card no. _____ Exp. _____		Signature _____ Date _____ X _____	
Mail order form with payment to: National Foster Parent Association, Inc. 7512 Stanich Avenue #6 ! Gig Harbor, WA 98335			
Questions? email us at info@NFPAinc.org , call 1-800-557-5238 or Fax 1-253-853-4001			

* Receive an NFPA pin and an additional free year for three-year renewals.