



The Foster Care Council of Canada
 12-1160 Meadowlands Drive East, Ottawa, ON, K2E 6J2
 Voice/Text: 613-709-3866
 www.afterfostercare.ca

MEMBERSHIP FORM

***CURRENT AND FORMER FOSTER CHILDREN AND THEIR SUPPORTERS ADVOCATING FOR
 TRANSPARENCY AND ACCOUNTABILITY OF CHILD WELFARE IN CANADA***

SECTION A: CORPORATE/ORGANIZATIONAL MEMBERSHIP

("Organization" includes any incorporated or unincorporated body or group of people)

Organization: _____

What is the corporate/organizational purpose: _____

Street Address: _____ City: _____ Postal Code: _____

Website: _____ E-mail: _____

Phone: _____ Fax: _____

SECTION B: INDIVIDUAL OR ORGANIZATIONAL CONTACT (Only answer sections which apply to you)

First Name: _____ Last Name: _____

(If you filled in Section A) Organizational Position: _____ Profession: _____

Address: _____ City: _____ Postal Code: _____

Your Phone: _____ Your E-Mail: _____

SECTION C: MEMBERSHIP INFORMATION

(Place an "X" in the appropriate boxes below)

TYPE OF MEMBERSHIP APPLIED FOR:

Individual (\$20/Month) Professional/Corporate/Organizational (\$50.00/Month)

Place an "X" in any of the status boxes below which apply to you:

You are a Foster Child/Youth Family Member Foster Parent Adoptee Adoptive Parent
 Professional Former Foster Child Other

Expand on your status below or add any comments you wish us to know about you:

Please make cheque or money order payable to "The Foster Care Council of Canada" and mail to the address above.

Thank you for your support!

**WE HAVE CHOSEN NOT TO REGISTER AS A CHARITY WITH THE CANADA REVENUE AGENCY (CRA) SINCE
 DOING SO WOULD PREVENT US FROM LOBBYING GOVERNMENT FOR LEGISLATIVE CHANGES.
 CONSEQUENTLY WE ARE PREVENTED FROM ISSUING TAX RECEIPTS FOR MEMBERSHIPS OR DONATIONS**