



Pinellas County Foster & Adoptive Parents Association
P.O. Box 1124, Largo, FL, 33779-1124 – (727)213-2299

Application for Membership

Please Print

Parent Name: _____ Email: _____

Parent Name: _____ Email: _____

We frequently communicate events/issues via email. May we share your Email address(es) with the CBC? **Yes** **No**

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Phone: _____ Phone: _____

(NOTE: For each phone number listed, please indicate: **H** for home, **W** for work, or **C** for cellular)

Tell us about ALL of the children *currently* in your home: Foster # _____ Adopted # _____ Biological # _____ Other # _____

Foster Families (Skip this section if you are not a foster family)

Licensed by: _____ Since: _____ Capacity: _____
Agency Name (e.g: Eckerd Community Alternatives) Year # of children

Tell us about the *foster* children currently in your home: (circle all that apply) Infants 0-2 Toddlers 3-5 Pre-Teens 6-12 Teens 13-17 Adults 18+

Adoptive Families (Skip this section if you are not an adoptive family.)

PLEASE NOTE: Our Association By-Laws define an Adopted Child one who has been adopted out of foster care

Adopted from: _____ Number: _____
Agency Name(s) (e.g: ECA, SCC, FCP, etc.) # of adopted children

In the space below, please list the first name & current age for each adopted child:

Professionals (Skip this section if you are not employed by a Case Management or Child Care organization.)

PLEASE NOTE: Our Association offers certain benefits to child care / case management professionals who are not themselves Foster or Adoptive Parents.

Employed By: _____ Supervisor: _____
Employer Name (e.g: ECA, Help-A-Child, Directions, etc.) Used to verify employment & background

Association Dues are \$20.00 annually. Full payment **must** accompany this application. All memberships expire on December 31. Participation in our special events (e.g.: Angels-4-Angels, Birthday Club, etc.) may include additional fees, applications, and/or participation guidelines that are separate from this membership application. Consult the appropriate committee for details.

I affirm that the information provided above is true and accurate to the best of my knowledge. Furthermore, I hereby authorize the Association (PC-FAPA) to conduct a criminal background check on all adult persons listed on this form.

Signature: _____ Date: _____

Internal Use Only:

Date Received: _____ Copied to Treasurer on: _____ Membership Card Printed: _____ Membership Card Provided: _____

Dues Amt. Paid : _____ Paid by: **Cash** **Check** **M.O.** Check #: _____ Comments: _____

Board Approval: _____ Membership Status: Voting Professional Supporting