

For the Children Membership Form
A Non-Profit Foster Parent Association

Name(s): _____

Address: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary email: _____

Secondary email: _____

Foster or adopt: _____

Total # of Beds _____ Age Group: _____

Signed: _____ Dated: _____

Please return with check for \$35.00 to: **For the Children**
A Non-Profit Foster Parent Association
Attn: Martha Medina, Memberships
P. O. Box 4352
Palm Springs, CA 92262