

PSFPA Membership Application

Membership period is from January 1 - December 31

Please type or print all information

2004

2005

2006

Name _____ Position/Title _____

Agency/Association _____ Telephone _____

Address _____

City _____ State _____ Zip _____ County _____

Type of membership New member Renewal Sponsor (if any) _____

- Individual** - for any foster parent to join the PSFPA the dues are \$15.00
- Family** - for any foster family or couple to join the PSFPA dues are \$25.00
- Foster Parent Association** - for any established local foster parent association to join the PSFPA the dues are \$25.00
- Agency** - for a county or private foster care agency including County Children and Youth Agencies to join the PSFPA the dues are \$60.00
- Supporting Organization / Individual** - for any other organization to join the PSFPA the dues are \$30.00

Please return this form and proper payment to: **PSFPA, P.O. Box 60216, Harrisburg, PA 17106-0216**