



# FSFAPA Local Association Membership Application

MEMBERSHIP IS FOR ONE CALENDER YEAR (1/1 THROUGH 12/31)  
(Please Print)

Name: \_\_\_\_\_

Association/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ District: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Local Foster/Adoptive Association Membership – \$25 (     )

Child Welfare/Supporting/Advocate Membership – \$25 (     )

Corporate/Sponsoring Agency Membership – \$1,000 (     )

## PAYMENT METHOD

*(At this time, we do not have a credit card machine so please pay by check, cash or money order.)*

Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ MO \$ \_\_\_\_\_

Address check to FSFAPA and send along with application by snail mail to:  
**T. LaShaun Wallace**  
**P.O. Box 821442**  
**Pembroke Pines, FL 33082-1442**