



**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 \$30.00 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.

\*\* If you bring an outside donation of \$60 or more to PCFAPA your membership is free for the year.

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