



MEMBERSHIP APPLICATION

APPLICANT INFORMATION (2026)

Name:		
Email:		
Current address:		
City:	State:	ZIP Code:
Phone:	Cell:	

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Phone:	Cell:	
Email:		

CURRENT PLACEMENTS

# of Foster children placed:	# of kinship placements:
# of adoptive children in home:	# of non-relative placements:
# of biological children in home:	

Licensed Foster Home? YES or NO	Licensing specialist at Kids Central	
Available for respite care? YES or NO		

SIGNATURES

Signature of applicant:		Date:
Signature of spouse:		Date:

Childs Name	Age	Birthday	F/A/K/NK

By signing you agree to our bylaws and any decisions handed down from the elected board members.
The bylaws can be found publicly on our website at www.citruscountyfosterparents.org or by written request to the board of directors.