



## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION (2021)

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

### 2<sup>ND</sup> ADULT 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:
Director signature:	Date:
President signature:	Date:
Approved for year of 20_____	

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](http://www.citruscountyfosterparents.org) or by written request to the board of directors.

