



## Membership Information 2021

Last Name: _____	Agency Affiliation: _____
First Name: _____	List in Online Directory: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Partner Name: _____	Provide Respite Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Check all that apply: <input type="checkbox"/> Foster family <input type="checkbox"/> Adoptive family <input type="checkbox"/> Kinship family <input type="checkbox"/> Guardianship
City: _____	
State: _____ Zip: _____	
Cell Phone: _____	
Cell Phone: _____	Email: _____
Cell Phone: _____	Email: _____

**Children - Biological and/or adopted living at home (18 and under unless special needs). CHECK those that are adopted.**

Name	Date of Birth mm/dd/yy	Gender	Adopted	Name	Date of Birth mm/dd/yy	Gender	Adopted

**Children - Foster**

Name	Date of Birth mm/dd/yy	Gender	County of Residence

**Volunteering** – A total of 30 hours *per year per family* is required. If you are unable to complete 30 hours per year, you will be required to pay an additional \$100 with your membership dues.

Mail to: **FAFLC**  
246 S. Cleveland Ave.  
Loveland, CO 80537

Annual Membership Dues = \$50.00  
Affiliated Membership Dues = \$60.00  
Unaffiliated Membership Dues = \$75.00  
Opting Out of Volunteer Hours = \$150.00