



## Membership Information 2022

Last Name: \_\_\_\_\_ Agency Affiliation: \_\_\_\_\_

First Name: \_\_\_\_\_ List in Online Directory:  Yes  No

Spouse/Partner Name: \_\_\_\_\_ Provide Respite Care:  Yes  No

Address: \_\_\_\_\_ Check all that apply:  Foster family

\_\_\_\_\_  Adoptive family

City: \_\_\_\_\_  Kinship family

State: \_\_\_\_\_ Zip: \_\_\_\_\_  Guardianship

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 \$150 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

