



## Membership Application 2011

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Last Name: \_\_\_\_\_ Agency Affiliation: \_\_\_\_\_  
 First Name: \_\_\_\_\_ List in Directory: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Spouse Name: \_\_\_\_\_ Provide Repite Care: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Address: \_\_\_\_\_ Check all that apply: \_\_\_\_\_ Foster family  
 \_\_\_\_\_ Adoptive family  
 City: \_\_\_\_\_ Kinship family  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Children** - Biological and/or adopted living at home. 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

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**Volunteering** – A total of 30 hours *per year per family* are required. See the **Volunteering Opportunities 2011** document. If you are unable to commit to 30 hours per year, you will be required instead to pay an additional \$75 for your membership dues.

**Service** – List any services or product that you would be willing to provide to the FAFLC members at a discount:

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

Annual Dues: \$50.00  
Annual Dues with no volunteer hours: \$125.00