

**TENNESSEE FOSTER ADOPTIVE CARE ASSOCIATION, INC.**

**BOARD MEMBER APPLICATION**

Position seeking election for:

Name:

Address Line #1:

City/ State/ Zip:

Cell Phone: (include area code):

Email Address:

County where you live:

DCS Region where you live:

Local Foster Parent Association (where are you a member):

Please check which applies:

[ ] DCS FOSTER PARENT/KINSHIP FAMILY [ ] PRIVATE AGENCY FOSTER PARENT

Are you a member of TFACA? [ ] YES [ ] NO

Please list any qualifications/experience that would help you fulfill your duties:

Please complete the entire form and email to tnfostercare.inc@gmail.com

If printing form, please mail to:

TFACA

P.O. Box 332428

Murfreesboro, TN 37133