

**Tennessee Foster Adoptive Care Assoc., Inc.**

**Membership Application 2019-2020**

(Please Print Handwriting for Legibility)

Date:

Name:

**(Please fill out one application per person)**

Address:

City/State/Zip:

Telephone (Area Code):       Cell Phone:

Email Address:

County of Residence:

Region:

Local Foster Parent Association:

**Please check your affiliation:**

☐DCS EMPLOYEE ☐DCS FOSTER/KINSHIP FAMILY ☐PRIVATE AGENCY      ☐OTHER

(Agency Name)

**Membership runs for 1 year from the date your membership is processed.**

*Membership receipts/ID # will be emailed to you or distributed at the Annual Conference. Dues are $20.00 single person and $40.00 for a couple. Please make check payable to TFACA.*

**Print out form and remit to: TFACA/Membership**

**P.O. Box 332428**

**Murfreesboro, TN 37133**

**Or email to** [**tnfostercare.inc@gmail.com**](mailto:tnfostercare.inc@gmail.com)