**Coos County Foster Parent Association**

**DBA Coos-Curry Foster Parent Association**

**Membership Application**

**Date:**

**First Name: Last Name:**

**Partner/Spouse First Name: Partner/Spouse Last Name:**

**Phone Number:**

**Email Address:**

**Mailing Address:**

**City: State: Postal/Zip:**

**Check All that Apply:**

Resource/Foster Parent Adoptive Parent Relative/Kin Community Partner

**Annual membership to the CCFPA is just $20/year per family.**

**Membership Levels – Resource/Foster, Adoptive, Relative/Kin**

Tangible supports to families, parenting Education, On-Child Fund, Foster Parent Events, discounts from local businesses

**Membership Level – Community Partner**

Support the CCFPA and resource parents, invitation/access to CCFPA events.

Mail this application with your membership fee to CCFPA, PO Box 335, Coos Bay, OR 97420

For questions email or contact at [ccfpa.president@gmail.com](mailto:ccfpa.president@gmail.com) or 541-901-3317