

Texas Foster Family Association

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

MAKE CHECKS PAYABLE TO: TFFA (Texas Foster Family Association)

Membership Rates:

_____ \$15 Individual

_____ \$25 Couple

_____ \$Supportive Membership

_____ Association Membership (allows all members of a FPA: submit current association mailing list)

_____ \$25 Reinstatement Fee (For renewals more than 60 days late)

Number Of Members	Fee
1-25	\$75
26-50	\$100
51-75	\$150
76-100	\$200
101-150	\$300
151-200	\$400
201-250	\$500
251-300	\$600
301-500	\$700
Over 500	\$700 + \$5 per family > 500

Membership year: January 1 through December 31

Mail this completed form along with payment and complete list of members to:

TFFA – Membership Chair

c/o Ann Bailiff

PO Box 2225

Brownwood, Texas 76804

**For assistance contact the Membership Chair at 325.646.7419
or abailiff@hughes.net**