



Texas Foster Family Association

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ DFPS Region #: _____

Email: _____

Membership Rates: (Check One)

Membership Year Sept. 1 – Aug 31

_____ \$15 Individual _____ \$25 Couples _____ \$25 Supportive

_____ Association / CPA Membership (allows all members of Association/CPA)

Please submit *current* mailing list, which includes contact information above.

| <u># of Members</u> | <u>Fee</u> | <u># of Members</u> | <u>Fee</u> |
|---------------------|------------|---|------------|
| 1-25 | \$75 | 151-200 | \$400 |
| 26-50 | \$100 | 201-250 | \$500 |
| 51-75 | \$150 | 251-300 | \$600 |
| 101-150 | \$300 | Over 500 = \$700 + \$5 per family > 500 | |

_____ \$25 Reinstatement fee (for renewals more than 60 days in arrears)

MAKE CHECK PAYABLE TO: TEXAS FOSTER FAMILY ASSOCIATION

Mail to: Ann Bailiff

TFFA Membership Chair
PO Box 2225
Brownwood, Texas 76804

abiliff@hughes.net 325/646.7419

All Membership Information is confidential and will be used only for TFFA business & training; it is never shared with others.