



## MEMBERSHIP APPLICATION

For AFKA memberships **expiring** on  
**December 31, 2021**

### CLASS OF MEMBERSHIP

#### **Foster/Kinship Home Members**

To be eligible for Foster/Kinship Home Membership in this association, any individual who is licensed or approved by Alberta Children's Services or equivalent and who meets the eligibility criteria as established by the AFKA from time to time may apply for instatement.

#### **Associate Members**

Is any individual or agency that is not a licenced Foster /Kinship Parent but is interested in becoming a member.

*\*These members may not vote on any matters of the Association.\**

#### **Lifetime Member**

To be eligible for Lifetime Membership in this association, any individual who has made a significant contribution to the AFKA and is recognised by the AFKA may be awarded this form of membership.

*\*Lifetime members will automatically be renewed every year\**

#### **Corporate / Agency Member**

Corporate and Agency Members receive the benefits of Association Members, including discounted rates for their staff (not caregivers) to association functions but are not voting members.

**PLEASE COMPLETE ALL AREAS NEATLY  
TO ENSURE ACCURATE  
INFORMATION IS RECORDED.**

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, PROVINCE, PC: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE MARK AN "X" IN THE APPROPRIATE BOXES

RENEW  NEW

FOSTER HOME  KINSHIP HOME

AGENCY HOME (Name of Agency) \_\_\_\_\_

ASSOCIATE MEMBER  LIFETIME MEMBER

CORPORATE / AGENCY MEMBER (Number of staff) \_\_\_\_\_

### MEMBERSHIP FEES

LIFETIME/FOSTER/KINSHIP HOME MEMBER – NO CHARGE (Max 2 cards per household)

INDIVIDUAL ASSOCIATE MEMBER - \$50.00 (Max 2 cards per household)

CORPORATE / AGENCY MEMBERSHIP - \$300.00 (One corporate membership per office)

Lamination \$0.75 per card

\*A \$10.00 fee will apply for all NSF cheque.

### METHOD OF PAYMENT

CREDIT CARD/DEBT  CASH  CHEQUE/MONEY ORDER

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*\*In submitting this application, I agree that AFKA staff and/or AFKA board/delegated board members have my consent to email or contact me directly with information regarding my membership, AFKA updates, training opportunities, Child Intervention updates, supports and services related to the AFKA and/or to inquire about any questions or concerns that I may have as a caregiver.*

RETURN FORM AND MEMBERSHIP FEE (If Applicable) TO

**Alberta Foster and Kinship Association**

**303, 9488 – 51 Avenue NW**

**Edmonton, AB T6E 5A6**

**Phone: (780) 429-9923**

**Email: [Info@afkaonline.ca](mailto:Info@afkaonline.ca) Fax: (780) 426-7151**