



MEMBERSHIP APPLICATION

For AFKA memberships **expiring** on
December 31, 2022

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 Fax: (780) 426-7151