



Membership Application Form

Thank you for your support of the First Nations Child and Family Caring Society of Canada

Please fill out and return the bottom portion of this form along with membership fee payment to the following address:

First Nations Child and Family Caring Society of Canada
350 Sparks Street, Unit 202
Ottawa, ON K1R 7S8
Fax: (613) 230-3080 | Email: info@fncaringsociety.com

Please make cheques or money orders **payable in Canadian funds**
to First Nations Child & Family Caring Society of Canada

(CHOOSE ONE) New Membership Renewal

(CHOOSE ONE) Individual Membership (\$75)
Student Membership with ID or Elder (\$5)
Small Caring Society Agency Membership: 1–50 employees (\$500)
Large Caring Society Agency Membership: 50+ employees (\$1,000)
Small Associate Membership: Groups 1–50 employees (\$500)
Large Associate Membership: Groups 50+ employees (\$1,000)

..... LAST NAME FIRST NAME	
..... JOB TITLE EMPLOYER	
..... MAILING ADDRESS 1		
..... MAILING ADDRESS 2		
..... CITY PROVINCE/TERRITORY POSTAL CODE
..... PHONE FAX	
..... EMAIL DATE	

Your membership includes complimentary issues of our quarterly newsletter.

Yes! Please send me the quarterly newsletter
by mail (mailing address required) by email (email address required)
No thanks. I don't want the quarterly newsletter.