



Tennessee Foster Adoptive Care Assoc., Inc.  
Membership Application  
(Renewal due on July 1 of each year)  
**PLEASE PRINT**

Date \_\_\_\_\_

Name: \_\_\_\_\_

**(Please fill out one application per person)**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone (Area Code): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If we have this information we can email the Fosterer (News Letter) to you.**

County you live In: \_\_\_\_\_

Region: \_\_\_\_\_

**(Please be sure to include this information so we can put your advocate on you membership card.)**

Local Foster Parent Association: \_\_\_\_\_

**Please circle who you are affiliated with:**

DCS EMPLOYEE      DCS FOSTER FAMILY      PRIVATE AGENCY \_\_\_\_\_  
(Name Agency)

**Membership runs from July 1 – June 30<sup>th</sup> of each year. PLEASE complete whole form.**  
***Membership cards will be distributed at the Annual Conference in September. Dues are \$15.00 single person and \$30.00 for a couple. Please make check payable to TFACA.***

**Print out form and remit to:**

**Paula Webb, Vice President  
Tennessee Foster Adoptive Care Assoc., Inc.  
6611 Duckling Cove, Memphis, TN 38141**