WFAPA Membership Form

Date: _____

Name:_____ Spouse/Significant Other:_____

Address:_____ City:_____

State:_____ Zip:_____ Fax Number:_____

Phone Number:_____ Email:_____

County, State or Agency Name (that licenses you): _____

Membership Classification: ☐ Adoptive Parent(s) ☐ Foster Parent(s) ☐ Kinship Parent(s)

☐ Agency ☐ Community Supporter

Would you be willing to help out with WFAPA? ☐ Yes ☐ No

Would you consider making a donation? ☐ $1 ☐ $5 ☐ $10 ☐ $20 ☐ $25 ☐ $50 ☐ Other _____

Membership Dues ~ $35.00 Per Household

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Total Amount Enclosed $_____

Cash:____ Check #:_____ Credit Card: □ MasterCard □Visa □ American Express □ Discover

Credit Card #:_____ Name On Card:_____

Expiration Date:_____ CVV:_____(3 Digit # On Back Of Your Card) Zip Code:_____

Applicant Signature: _____ Date: _____

Mail: Michelle Ward * W7018 Discovery Drive * Fond du Lac, WI 54937
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