



**Kinship, Adoptive and Foster Parent Association of Santa Clara County**

**Membership Application Form**

**New**

**Renewal**

**Lapsed**

**Date**

**Self Name**

**Spouse Name**

**Address**

**County**

**City**

**Home Phone**

**State**

**Zip**

**Cell Phone**

**Self Email**

**Spouse Email**

**Self Employer**

**Spouse Employer**

**Language Preference**

**Other Language spoken in the Home**

**Payment**

Donation	\$	.
Membership Fee	\$35	.
Differential Fee	\$	.
Total Enclosed	\$	.

**Home Type**

- County Licensed Home
- Adoptive
- Kinship
- Community Supporter
- FFA Home

**FFA Name**

	<b>Children's Name</b>	<b>Age</b>	<b>Biological</b>	<b>Adoptive</b>	<b>Foster</b>	<b>Ethnicity</b>
1						
2						
3						
4						
5						
6						
7						
8						

**For Office Use Only:**

Date Received	Date Processed	Membership Since:	
Received by	Parking Permit #		
Form of Payment	Membership Card	Membership EXP:	