



MEMBERSHIP APPLICATION

1 PARENT 1 (mother):

Family Name _____

Given Name _____

Address _____

City / Prov. _____ Postal Code _____

Home Phone _____ Work Phone (ext.) _____

PARENT 2: *Leave information blank where Parent 2 data is the same as Parent 1*

Family Name _____

Given Name _____

Address _____

City / Prov. _____ Postal Code _____

Home Phone _____ Work Phone (ext.) _____

Please complete and return along with a cheque for \$ 20.00 to:

FCCBC Membership
c/o 967 Maple Street,
White Rock, BC
V4B 4M4

2 E-MAIL ADDRESS (preferred): _____

3 CHILDREN:

Please include Children currently living with parents in order of oldest to youngest

Family Name	Given Names	Sex	Birth Date	Adopted or Born	Adoption Date	Birth City	Birth Province	Birth Country

4 STATUS: *Please circle YES or NO*

Are you waiting for a Child? **YES NO**

Can we publish information in the Directory (Membership use only)? **YES NO**

Can we publish children information in the Directory(birthdate, birth province, age (Membership use only)? **YES NO**

Are you a current AFABC Member? **YES NO**

5 ACTIVITIES: *Can we contact you for volunteer opportunities? Please circle YES or NO*

Event Planning (picnics, Chinese New Years, etc.)? **YES NO**

Calling and/or Mailouts? **YES NO**

Fundraising? **YES NO**

Writing and/or Editing Newsletter Articles? **YES NO**

Taking on an appointed role (Treasurer, Local Contact)? **YES NO**

Standing for nomination for an elected role (Executive)? **YES NO**

MOVING?

Please let us know if you move. Email or mail (same as payment address) a change of address, indicating your old and new address information to: dbmorton@telus.net