

 **FOSTER PARENTS SUPPORT NETWORK** 

(Incorporated under the Associations Incorporation Act 1984)

Ph/ 0296088494  
Fax 0296089934  
Email FPSN2@optusnet.com.au

PO Box 5185  
Prestons DC 2170 NSW

(Please Print) I.....

Partner's name.....  
(If applicable)

Of.....

Phone no.....Fax no.....Email.....

Being a fully authorised or retired Foster/Kinship or Relative Carer  
Fostering Agency and area.....

Hereby apply to become a member of the above Incorporated Association  
Annual membership single \$12.50 ..... Family \$20.00.....  
Associate member of the above named Incorporated Association  
Annual membership fee \$12.50 Non foster Carers .....

Would you be willing to have someone referred to you by phone if they had a  
problem, which you may be able to assist them with? .....

Would you or your partner be interested in doing training to be on the  
telephone support roster?  
.....

I agree to be bound by the rules of the Association for the time being in force.

Please find enclosed my cheque /money order for the sum of \$.....

Are you or your partner of Aboriginal-Torres Strait Island descent?  
Yourself Yes/No Partner Yes/No

Signature of Applicant.....Date.....

Signature of Partner.....Date.....

By signing this you are hereby giving permission for the Foster Parents Support Network Inc.  
to confirm you are an Authorised Foster/Relative or Kinship Carer.

**NOTE:** This does not apply to an Associate membership.

**DIRECT DEPOSIT:**

**Commonwealth Bank .....BSB 062 109 Account No. 10099957**

**Name: Foster Parents Support Network Inc.**

Please leave your name or member number as reference.

Return address: The Treasurer  
PO box 5185  
Prestons, 2170 NSW

**PHONE CONTACTS:** Sue O'Connor 0296088494 President  
Gwen La-Greca 0247573313 vice President

**Please note:** Associate membership is for non Carers, therefore do not have voting rights.