



First Nations Child & Family  
Caring Society of Canada

# Membership Application Form

## Thank you for your support of the First Nations Child and Family Caring Society of Canada

Please fill out and return the bottom portion of this form along with membership fee payment to the following address:

**First Nations Child and Family Caring Society of Canada**  
**309 Cooper St., Suite 401**  
**Ottawa, ON K2P 0G5**  
**Fax: (613) 230-3080 | Email: [info@fncaringsociety.com](mailto:info@fncaringsociety.com)**

Please make cheques or money orders **payable in Canadian funds**  
**to First Nations Child & Family Caring Society of Canada**

(CHOOSE ONE)      New Membership      Renewal

(CHOOSE ONE)      Individual Membership (\$75)  
Student Membership with ID or Elder (\$5)  
Small Caring Society Agency Membership: 1-50 employees (\$500)  
Large Caring Society Agency Membership: 50+ employees (\$1,000)  
Small Associate Membership: Groups 1-50 employees (\$500)  
Large Associate Membership: Groups 50+ employees (\$1,000)

.....  
LAST NAME      FIRST NAME

.....  
JOB TITLE      EMPLOYER

.....  
MAILING ADDRESS 1

.....  
MAILING ADDRESS 2

.....  
CITY      PROVINCE      POSTAL CODE

.....  
PHONE      FAX

.....  
EMAIL      DATE

Your membership includes complimentary issues of our quarterly newsletter.

Yes! Please send me the quarterly newsletter

No thanks. I don't want the quarterly newsletter.