



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**  
**350 Sparks Street, Unit 202**  
**Ottawa, ON K1R 7S8**  
**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)

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LAST NAME

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FIRST NAME

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JOB TITLE

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EMPLOYER

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MAILING ADDRESS 1

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MAILING ADDRESS 2

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CITY

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PROVINCE

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POSTAL CODE

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PHONE

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FAX

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EMAIL

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DATE

Your membership includes complimentary issues of our quarterly newsletter.

- Yes! Please send me the quarterly newsletter  
                     by **mail** (*mailing address required*)       by **email** (*email address required*)  
 No thanks. I don't want the quarterly newsletter.