



**Caring Families**  
AOTEAROA

# MEMBERSHIP APPLICATION FORM

(Legal name: New Zealand Family and Foster Care Federation Inc.)

**Please note membership is FREE**

**Name:** Mr/Mrs/Ms/Miss (Please circle)

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Surname)

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Postcode:**

\_\_\_\_\_

**Phone:**

**Mobile  
phone:**

**Email:**

\_\_\_\_\_

**Ethnicity:**

**Iwi (if applicable)**

\_\_\_\_\_

**Agency who I foster through:**

\_\_\_\_\_

**What kind of care do you provide?**

Whanau/Kin	<input type="checkbox"/>	Transitional/Short-Term	<input type="checkbox"/>	Emergency	<input type="checkbox"/>
Respite	<input type="checkbox"/>	Family Group Homes	<input type="checkbox"/>	Permanency/Home for Life	<input type="checkbox"/>

If other, please describe

\_\_\_\_\_

I am a new member	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am a current member updating my details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I consent to sharing my details with my local foster care Association	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Please sign and return to Free Post: Caring Families Aotearoa PO Box 30188 Lower Hutt 5040 (No stamp required) or Email to [enquiries@caringfamilies.org.nz](mailto:enquiries@caringfamilies.org.nz)**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* By signing this membership form I agree to:

1. Abide by the vision and objectives of Caring Families Aotearoa ([www.caringfamilies.org.nz](http://www.caringfamilies.org.nz))
2. Have my details retained by Caring Families Aotearoa for statistical purposes
3. Receive newsletters and communications from Caring Families Aotearoa
4. Caring Families Aotearoa sharing my details and connecting me to my local care support groups.

**Office use only**

Data Entered	Membership pack	R/C
--------------	-----------------	-----