



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?

Respite	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Whānau/Kin	<input type="checkbox"/>
Short term	<input type="checkbox"/>	Long term	<input type="checkbox"/>	Family Group Home	<input type="checkbox"/>
Permanency/Home for Life	<input type="checkbox"/>	Social Worker/Agency Staff	<input type="checkbox"/>	Specialist Paid Caregiver	<input type="checkbox"/>
Other	<input type="checkbox"/>	If other, please describe: _____			

What year did you begin caregiving _____

I am a new member

Yes No

I am a current member updating my details

Yes No

Please sign and return to Free Post: Caring Families Aotearoa PO Box 30188 Lower Hutt 5040 (No stamp required) or Email: 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)
2. Have my details retained by Caring Families Aotearoa for statistical purposes
3. Receive newsletters and communications from Caring Families Aotearoa
4. I agree to Caring Families Aotearoa's Privacy Statement