

 **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

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(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 Islands 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:**

**St George 112-879**

**Acc 428 231 467**

**F P S N inc**

Please leave your name or member number as reference.

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

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

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