



MEMBERSHIP APPLICATION

Please include your \$25.00 membership dues with the completed application.
 Yearly membership is from November 1st to October 31st.

PLEASE PRINT CLEARLY

NAMES:	
MAILING ADDRESS:	
PHONE NUMBERS:	
EMAILS:	
CERTIFYING AGENCY:	<input type="checkbox"/> DHS <input type="checkbox"/> N/A – ADOPTION OR GUARDIANSHIP ONLY <input type="checkbox"/> OTHER AGENCY:
CERTIFIER NAME & PHONE :	
COUNTY:	<input type="checkbox"/> MARION <input type="checkbox"/> POLK <input type="checkbox"/> YAMHILL <input type="checkbox"/> OTHER:

Check All That May Apply:

- New Member Renewal
 Foster Adoptive Relative/Kinship Guardianship Professional Parent

We do verify all members, please be aware that we will require contact with you certifier or we will need to see a copy of your guardianship / adoption order. We thank you for your cooperation.

Please mail this form and your dues to **MPYFPA, P.O. Box 13875, Salem Oregon 97309**
 If you have any questions please contact mpyfpapresident@gmail.com
 Find us on the web at marionpolkfpa.org
 Find us on facebook!