



SPAFA Membership Form

Date _____

Please Print All Information Clearly

New Member Renewal Associate Member

Payment: Cash Check Check Number/Amount _____

Name _____ Phone(s) _____

Address _____

Email _____

(Email will be used for information contact only, i.e. meeting and event reminders.)

May we share the above information with Our Members and/or Expo Participants?

YES NO YES with restrictions _____

Associate Members Services Provided _____

Website _____

Would you be willing to lead an educational meeting? YES NO

What topics? _____

Renewing Members Is any of the above contact information new? YES NO

We are trying to compile family information to assist new members and in coordinating volunteers. If you would like to share this information, on back of this sheet, please provide the following information: international/domestic, agencies/professionals used, when you adopted, ages of children and where adopted from.

New Members

How did you learn about SPAFA? _____

Adoption Status: Just Starting In the Process Already Adopted

Interested in Domestic International - Country _____

Would you like to be contacted by a SPAFA member with similar interests? YES NO

Are you interested in being an Expo Volunteer? YES NO

Thank you for joining SPAFA

Please submit this sheet and your payment to the Orientation Leader, any Board Member, or mail to:

SPAFA
PO Box 37006
Charlotte, NC 28237-7006

Membership Dues are \$40.00 per year or \$120.00 for 5 years. Associate Membership Dues are \$50.00 per year. SPAFA is a 501c3 Not for Profit Group and your dues may be tax deductible. Consult your tax professional.