



BC Association of Family Resource Programs Membership Form

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR PAYMENT
THANK YOU!

Organization/Agency Information

Organization (Lead Agency) _____

Address _____

City _____ Province _____ Postal Code _____

Mailing Address (if different than above - PO Box) _____

Main Office Phone _____ Fax _____

Office Email _____ Website _____

Director _____

Direct Phone _____ Ext. _____ Email _____

Do your community services include a Family Resource Program? yes no
(voluntary, open-access — parent or caregiver & child drop-in)

FRP Program Name & Contact Information

List additional drop-in sites (satellite sites) on reverse

Program Name _____
(ie: Family Place, Parent & Tot Playgroup, Family Drop-in)

Address _____ City _____ Province _____ Postal Code _____

Coordinator _____

Phone _____ Ext. _____

Email _____

Office Use Only
Membership Number: _____
Renewal Date: _____
Receipt Number: _____
Stand-Alone or Multi-Service: _____
Region: _____
District: _____
Urban/Rural: _____
School District #: _____

<input type="checkbox"/> Discounted Joint Membership: Save \$60.00 by joining both	\$100.00	\$ _____
 FRP-BC &  FRP Canada	— or —	
<input type="checkbox"/> FRP-BC (Provincial) Membership only:	\$60.00	\$ _____
<input type="checkbox"/> Yes, I would like to make a donation to the FRP-BC Endowment Fund		\$ _____
TOTAL		\$ _____

Method of Payment:

Cheque — make payable to:

Credit Card — select: Visa Mastercard

BC Association of Family Resource Programs

 106—2590 Granville Street
Vancouver, BC V6H 3H1
T: (604) 738-0068 F: (604) 738-0568
E: info@frpbc.ca Web: www.frpbc.ca

Card No.: _____
Expiry mm/dd: _____ / _____
Cardholder Name: _____
Signature: _____