



# BC Association of Family Resource Programs Membership Form 2010

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 \_\_\_\_\_  
 Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_


Additional Contact \_\_\_\_\_  
 Title \_\_\_\_\_ Ext. \_\_\_\_\_

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		
<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		\$ _____
	<b>TOTAL</b>		<b>\$ _____</b>

**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: \_\_\_\_\_

**Membership Number:**

**If your organization has additional sites where family resource programs (drop-ins) are operating, please list each satellite site below:**

Name of Facility or Site \_\_\_\_\_  
Satellite Address \_\_\_\_\_  
City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact (Coordinator): \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Name of Facility or Site \_\_\_\_\_  
Satellite Address \_\_\_\_\_  
City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact (Coordinator): \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Name of Facility or Site \_\_\_\_\_  
Satellite Address \_\_\_\_\_  
City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact (Coordinator): \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Name of Facility or Site \_\_\_\_\_  
Satellite Address \_\_\_\_\_  
City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact (Coordinator): \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Name of Facility or Site \_\_\_\_\_  
Satellite Address \_\_\_\_\_  
City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact (Coordinator): \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

*If your organization has more than five satellite sites,  
please photocopy this page and list all additional sites, thank you!*