



Application to become a member of Fostering Kids NZ

(Legal name: New Zealand Family and Foster Care Federation Inc.)
Please note membership is FREE

Name: Mr/Mrs/Ms/Miss (Please circle)

Address:

Postcode: _____

Phone: _____ Mobile phone: _____

Email:

Ethnicity: _____ Agency who I foster through: _____

Site/Office of the agency I foster through: _____

What year did you begin caregiving? _____

What kind of care do you provide?

Whanau/ Kin Transitional Home for life Family Home Other

If other, please describe _____

I am a new member Yes No

I am a current member updating my details Yes No

I consent to sharing my details with my local Support Group Yes No

Please sign and return to Free Post: Fostering Kids NZ PO Box 30188 Lower Hutt 5040
(No stamp required) or Email to reception@fosteringkids.org.nz

Signed: _____ Date: _____

* By signing this membership form I agree to:

1. Abide by the vision and objectives of Fostering Kids NZ
2. Have my details retained by Fostering Kids NZ
3. Receive occasional newsletters, training information and monthly emails from the CEO

Office use only

Data Entered	Membership pack	R/C
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