

**CHAPTER OFFICER'S ROSTER
CSFPA MEMBERSHIP CHAIRPERSON**

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DATE _____

**We wish to join the California State Foster Parent Association as a Chapter Member for the year -----
(Please fill in all blanks. (Type or Print very clearly.)**

Association Name _____ **Chapter #** _____

Address _____ **City:** _____

County: _____ **State** _____ **Zip:** _____ **Phone:** _____

Chapter EIN #: _____ **Fax #:** _____

E Mail #: (Please type or print very clearly: _____ @ _____

ROSTER: THE FOLLOWING MUST BE COMPLETE

President: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

1st Vice President: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Secretary: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Treasurer: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

**Membership
Chairperson:** _____ **Phone** _____

Address: _____ **City:** _____ **Zip:** _____

(please see other side)

**INCOME TAX INFORMATION: CHECK ONE
SIGN AND DATE THIS FORM.**

**AFFILIATE CHAPTER: A FPA THAT OPERATES UNDER IT'S OWN NON-PROFIT
STATUS. CALIFORNIA ORGANIZATIONAL
NUMBER.**

DOMESTIC

YOUR TAX REPORT.
file with the State Membership

Send a copy of your current ' STATEMENT OF
NONPROFIT CORPORATION' AND
A copy must be on
Chairperson.

**SUBORDINATE CHAPTER: A FPA THAT OPERATES UNDER THE CSFPA
NON-PROFIT STATUS.**

Quarterly

Send copies

grants, fund

Subordinate chapters are responsible to send
Financial reports to the CSFPA Treasurer.
of all bank statements, financial contracts,
raising reports, tax letters and Tax reports.

The signatures below signify affirmation in regards to the chapter's income tax status,
And the adopting of our By-laws and Procedures.

Date _____ Date _____
President Treasurer

Date _____ Date _____
Vice President Secretary

ADDITIONAL VICE PRESIDENTS (IF ANY) ALL MUST BE SHOWN

2nd Vice President Phone: _____

Address _____ City _____ Zip; _____

3rd Vice President Phone: _____

Address _____ City: _____ Zip _____

**Please include a copy of the President's Foster Care License and the 1st Vice
President's Foster Parent License or a copy to show they have a Certified
home. This is a must.**