



# FOSTER PARENTS SOCIETY OF ONTARIO

Charitable Status # 0873919-09

## Group Associate members of the FPSO Corporation

Application Form = Rate \$500.00, Annually

Group – A Group will refer to any Organizations, Company, Businesses, or Assemblies.

Group associate membership is open to like organizations, with a shared interest in working with and providing care for Ontario's vulnerable children and their care providers.

Please complete membership form, and forward with payment to:

FPSO  
340 Kingsway  
Welland Ontario  
L3B 3N9

## Contact information

Organization Name \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
Email address: \_\_\_\_\_ Website address: \_\_\_\_\_

## Contact Person

Salutation (please circle) Dr. / Miss / Mrs. / Ms. / Mr.  
First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Membership details

Professional/Personal Interest in FPSO: \_\_\_\_\_  
How did you find out about us: \_\_\_\_\_

## Payment information

FPSO's fiscal year begins January 1<sup>st</sup>.

I, \_\_\_\_\_ confirm that all of the information on this application form is correct. Date: \_\_\_\_\_

FPSO reserves the right to discuss all prospective associate members with the Full Board of Directors before acceptance.