



FOSTER PARENTS SOCIETY OF ONTARIO

Group Associate members of the FPSO Corporation

Application Form = Rate \$500.00, Annually

Group – 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.

Group Associate members will be Class 4 Members of FPSO as per Bylaw #6

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 1st. Membership is optionally renewable on the anniversary of the initial membership.

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.