

# FFIC Membership Form

## Family Information

Parent's Name(s)			Street Address	Parent First Phone
City	State	Zip	E-mail	Parent Second Phone

## Child Information

Child's Name	Birth Date	Arrival Date	Agency

## General

<small>Membership</small> I am: Renewing ____ or A New Member ____	<small>Directory</small> Include my family in the FFIC Member Directory: Yes or No
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Please enclose a check, payable to FFIC, in the amount of \$15.00 for annual dues.

**Mail completed form and payment to:** FFIC Membership, P.O. Box 2053, Grand Rapids, MI, 49501