

MEMBERSHIP FORM



Please check a membership level:

- General Family: \$25
- Friend of NAFA: \$50 (\$25 tax deductible)
- NAFA Advocate: \$100 (\$75 tax deductible)
- NAFA Angel: \$1,000 (\$975 tax deductible)

Please print legibly so we can be sure your name & address are correct on our records.

Please check one: New Membership Renewal Membership

Name(s): _____

Street Address: _____

City, State, Zip: _____

Home Telephone: _____

E-mail: _____

- Check here if you do **NOT** want to receive informational e-mails from NAFA (sent approximately monthly). We do not share our e-mail list.

Check all that apply:

- Adoptive family
- Prospective adoptive family
- Birth parent (relinquished)
- Adoptee
- Adoption Professional
- Other: _____

Children's Names	Birthdate	Adopted?	Domestic or Int'l?	State/Foster Placement?
		Y N		Y N
		Y N		Y N
		Y N		Y N
		Y N		Y N
		Y N		Y N

Note: NAFA maintains the above information regarding types of adoptions for grant writing purposes. All of the above information is confidential and, **while it is voluntary, it is very important when applying for grants.**

NAFA is an *all-volunteer* organization.

Please check the volunteer opportunities you'd like to be involved in.

- Social events
- Board Member
- Book Reviews
- Publicity
- Neighbor Groups
- Grant Writing
- Conference/Education
- Baby & Toddler Care Class
- Other _____

**PO Box 25355
Portland OR 97298-0355**

**503 243-1356
www.nafaonline.org**