



Adoption Support Centre of Saskatchewan Inc.

MEMBERSHIP APPLICATION FORM

NAME(S): _____

ADDRESS: _____

PHONE: (HM) _____ (WK) _____

EMAIL: _____

NEW MEMBER

RENEWAL

\$30.00 - ONE YEAR MEMBERSHIP \$ _____

\$50.00 - TWO YEAR MEMBERSHIP (\$10.00 SAVINGS!) \$ _____

YES! I also want to be an ASCS benefactor by making a tax-deductible donation of: \$ _____

Please make your cheque or money order payable to ASCS: TOTAL \$ _____

HELP US MEET YOUR NEEDS - PLEASE CHECK ALL THAT APPLY:

I am/We are: Inquiring Waiting Parent(s) Adoptee Birth Parent(s) Adoption Professional

Adoptive Parent(s)/Age(s) of adopted children _____ (Optional)

What means of adoption have you chosen or are interested in?

Domestic Private Open Special Needs Older Child

International/Country of Origin _____

ASCS provides informal, confidential telephone/email or in-person support by matching interested members with those in similar situations at various stages of the adoption experience. Would you consider serving as a resource person? Yes No Not at this time.

Welcome! Your membership to the Adoption Support Centre of Saskatchewan entitles you to the ASCS quarterly magazine - Adoption News, discounts at workshops and conferences, free access to the ASCS Carol Bothwell Library including mailing costs and access to our extensive resources. ASCS also has a number of provincial adoption support groups for adoptive parents and for adopted youth. Inquire today!

Please take this opportunity to let us know if there is anything we can do to help you along your adoption journey.

For Office Use

Date Received: _____ Cheque #/Date: _____ Amount Paid: _____ Receipt Issued: _____

ASCS

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Email: support@adoptionsask.org Website: http://adoptionsask.org