**MEMBERSHIP APPLICATION FORM**

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| --- | --- |
| **Name(s):** |  |
| **Current Address:** |  **City/Postal Code:** |
| **Email:** |  |
| **Phone:** |  |
| **Please tell us a little about yourself, help us meet your needs (check all that apply):**

|  |  |
| --- | --- |
| **Who are you? I am / We are** | **[ ]** Inquiring **[ ]** Waiting Parent(s) **[ ]** Adoptee[ ]  Birth Parent(s) [ ]  Adoption Professional |
| **What means of adoption have you chosen or are interested in?** | **[ ]** Domestic **[ ]** Private **[ ]** Open [ ]  Special Needs[ ]  Older Child [ ]  International – Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Comments:** |

ASCS provides informal, confidential 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 currently, but possibly in the future I would like to be added to the ASCS Mailing List!**[ ]**  Yes **[ ]**  No |
| MEMBERSHIP FEE**[ ]**  $30.00 One-year membership **[ ]**  $50.00 Two-year membership (Savings of $10.00) TAX DEDUCTIBLE DONATION (ASCS Benefactor) *Optional***[ ]**  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PAYMENT METHODS**[ ]  Cheque #\_\_\_\_\_\_\_\_\_\_\_ [ ]  Cash**TOTAL****[ ]**  $\_\_\_\_\_\_\_\_\_\_\_\_\_ ASCS Receipt Number: \_\_\_\_\_\_\_\_\_\_\_ |