**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: \_\_\_\_\_\_\_\_\_\_\_ | | |