



FASD-CAN Incorporated
Fetal Alcohol Spectrum Disorder - Care Action Network

MEMBERSHIP APPLICATION FORM

- Family Membership Individual Membership

Name

Address

.....

Phone (Home) (Mobile)

Email

-
- Biological Parent Foster Parent Adoptive Parent
- Whānau Placement Other Caregiver Individual with FASD
- Professional (field/organisation)
- Other (please state interest)

- I / We agree to pay an annual membership fee of \$30 or;
- Please invoice me for my voluntary donation of \$.....
- I would like to order an FASD-CAN Manaia-Koru bone carving (cost \$75)
- I would like to order ___ copies of: The Perfect Love Story - Healing the Scars of FASD with our Love. (cost \$12 each)

Payment can be made through Direct Banking:

FASD-CAN Inc 12-3136-0470865-00

Please state your name as reference, thanks.

If a receipt is required please request by email to ross.porter@fasd-can.org.nz

Please send application form to:

The Secretary, FASD-CAN

17 Lakeview Terrace, Taradale, Napier 4112.

Or email to: lee.tempest@fasd-can.org.nz

With shared strength, guidance and wisdom those with FASD CAN grow and achieve