



Membership Form

By joining you are supporting incredible programs for youth in foster care and becoming a member of a wonderful community. REFPA is for anyone who is passionate about youth in foster care, and we are so glad you are choosing to join us!

Annual Membership (January – December): Dues \$50.00

Association:

- ☐ County Home
- ☐ Agency Home
- ☐ County Employee
- ☐ Community Member

Date: _____

Name: _____

Significant Other Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Submit form to: REFPA, P.O. Box 1084, Santa Rosa, CA 95402