

MARIN FOSTER PARENT ASSOCIATION
P.O. Box 6726, San Rafael, CA 94903



MEMBERSHIP APPLICATION

Name: _____

Complete Address:

Phone Number: _____ Email Address: _____

Membership Fees: \$ 35.00 for individual membership; \$ 50.00 for family membership

*Please mail completed form with membership fee to:

Marin Foster Parent Association, Attn. Treasurer, P.O. Box 6726, San Rafael, CA 94903