

MEMBERSHIP Application

F F T A



Agency Name _____
 Primary Contact _____
 Title _____
 Address _____
 City _____
 State/Province _____ Zip/Postal Code _____
 Phone _____ Fax _____
 E-mail _____ Web site _____
 Agency Executive Director _____
 TFC Program Director/Manager _____
 Agency's Annual TFC Budget _____
 Current Number of Children/Youth in TFC Program _____
 Membership Type: Full Member Multi-Site Affiliate
 Payment Type: Check Credit Card
 Payment by Credit Card: Visa MasterCard Amex
 Acct. # _____ Expires: _____
 Name on Card _____
 Cardholder Signature _____

Please mail application and annual dues payment, made payable in \$U.S., to:

Foster Family-based Treatment Association
 294 Union Street
 Hackensack, NJ 07601-4303 U.S.A.

Phone: (800) 414-3382 • Fax: (201) 489-6719
E-mail: ffta@ffta.org • Web site: www.ffta.org

Foster Family-based Treatment Association Annual Membership Dues | 2011

Annual membership dues are based upon the budget of the treatment foster care program. All payments are in U.S. funds.

TFC Budget	U.S.	Canada
Under \$250,000	\$495	\$330
\$250,000 – \$500,000	\$580	\$385
\$500,001 – \$1,000,000	\$770	\$550
\$1,000,001 – \$2,500,000	\$915	\$660
\$2,500,001 – \$5,000,000	\$990	\$720
\$5,000,001 – \$10,000,000	\$1,200	\$825
\$10,000,001 – \$15,000,000	\$1,650	\$990
over \$15,000,000	\$2,200	\$1,200
Additional site of an existing member (multi-site)	\$190	\$140
Affiliate Member (not a direct service provider)	\$300	\$275