



Milwaukee Area –
Families With
Children From China

2010 MEMBERSHIP FORM

Family Membership dues for the 2010 calendar year are:

- \$15.00 if postmarked *before* January 30, 2010
- \$20.00 if postmarked *after* January 30, 2010
- \$15.00 New Members

Please go to: <http://www.ma-fcc.org/membership.htm>
to register and pay online, or complete this form and mail
it along with a check, payable to MA-FCC (reminder:
MA-FCC Membership dues are tax deductible) to:

Lisa Meder, 17960 Bonnie Ln, Brookfield, WI 53045
mafcc_membership@yahoo.com

Parent's Name(s): _____

**PLEASE COMPLETE THE INFORMATION BELOW ONLY IF IT HAS CHANGED
FROM LAST YEAR.**

Address: _____

Phone: (_____) _____

E-mail*: _____

**You will be joined to the MA-FCC e-mail (Yahoo) group.*

Pending Family Information:

Age Requested	DTC Date	Log In Date	Referral Date

Adopted Children's Information:

Name (First & Middle)	Date of Birth	Adoption Date	Orphanage City	Orphanage Province
1)				
2)				
3)				

Agency Information (If same for each adopted child, please just list once):

Home Study Agency	International Agency
1)	
2)	
3)	

Additional Children's Information:

Name	Date of Birth
1)	
2)	
3)	

PAYMENT OPTIONS:

PAY BEFORE: January 30, 2010
Membership Renewal Fees are \$15

◆ ◆ ◆
PAY AFTER: January 30, 2010
Membership Renewal Fees are \$20

- _____ I/We plan to
adopt from China
- _____ I/We have adopted
from China

**Please check the following
if you do NOT want your
information distributed to
other members:**

- _____ Address
- _____ Phone number
- _____ E-mail address
- _____ Child's picture in
publications
- _____ Do not print our
information in a
directory

**Please select your
MA-FCC e-mail (Yahoo)
Group delivery options:**

- _____ Individual E-mails
- _____ Daily Digest
- _____ Special Notices Only
(all official MA-FCC
event information
is shared via
Special Notices)
- _____ Web Access Only
(no e-mail)
- _____ Please do NOT join
me to the Yahoo group.
(Note: Choosing this
option will limit your
ability to be notified of
group events and
information.)

AMOUNT PAID:

Family Registration Fee: \$ _____

+ Additional Donation to \$ _____
MA-FCC Charitable Initiatives
(optional)

TOTAL PAID: \$ _____

FOR OFFICE USE ONLY

Date Received: _____ Confirmation Sent: _____ E-mail Entry: _____
PayPal or Check #: _____ Database Entry: _____