



Kansas Family Advisory Network, Inc.

Who can be a member of KFAN?

Family Partners who 1) have received, 2) are currently receiving, or 3) are at risk of receiving child welfare services. Family partners who may join KFAN include but are not limited to: birth parents, adoptive parents, guardians/custodians, foster/resources parents, kinship/relative caregivers, and adults formerly in foster care.

Community Partners are child welfare practitioners, agencies, organizations, as well as individuals from the community.

Members must support the purpose of KFAN and practice similar values such as non-adversarial collaboration.

The purpose of KFAN is:

- ⇒ To promote safety, permanency, and well-being for children and families by establishing, engaging, educating, supporting, and sustaining family involvement in child welfare;
- ⇒ To provide support and education to children and families who have, are, or may be at risk of experiencing loss of safety, permanency, or well-being;
- ⇒ To promote collaboration and partnerships among birth parents and other caregivers including but not limited to foster/resource parents, adoptive parent, relatives/kin, child welfare services, social service practitioners; law enforcement, court service, policymakers, and the society at large.

<i>I would like to become a member of KFAN</i>	
Family Partners (check one) <input type="checkbox"/> Individual Membership \$10 <input type="checkbox"/> Two hours of service time <input type="checkbox"/> Group Membership \$25 (at least 51% of your group's members are family partners)	Community Partners (check one) <input type="checkbox"/> Associate Membership \$20 (Individual) <input type="checkbox"/> Affiliate Membership \$100 (organizations)
SPECIAL Donor Opportunities <input type="checkbox"/> Bronze Member \$100 <input type="checkbox"/> Silver Member \$250 <input type="checkbox"/> Gold Member \$500 <input type="checkbox"/> Life Time Member \$1,000	

<i>Member Information</i> <small>(Personal information provided only to Executive Committee unless permission given.)</small>			
Name of Contact		Home Phone	
<input type="checkbox"/> Family Partner		Work Phone	
<input type="checkbox"/> Community Partner		Cell Phone	
Address			
City/State/Zip			
Email Address			
Please check what you would like emailed <input type="checkbox"/> Board agenda <input type="checkbox"/> Minutes <input type="checkbox"/> Announcements <input type="checkbox"/> Upcoming Events			
Release of information to	<input type="checkbox"/> Board Members	<input type="checkbox"/> KFAN Members	<input type="checkbox"/> Other Organizations
Name only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I wish to stay anonymous			
Please return this form to: KFAN, Inc., PO Box 4803, Topeka, KS 66604 Questions, please call 1-800-969-5764 or email info@kfan.org Visit our website at www.kfan.org			
Office Use:			
Date Received:	Amount:	Check #	Acknowledged: Hours: