



The Association for Families who have  
**Adopted from Abroad**

# ASSOCIATE MEMBERSHIP APPLICATION FORM

Contact Surname	First Name(s)
Job Title	Department
Organisation	
Address	Telephone
	Fax
Postcode	E-mail
WHERE DID YOU HEAR ABOUT AFAA?	
THIS INFORMATION WILL BE STORED ON A COMPUTER. TO SATISFY THE REQUIREMENTS OF THE DATA PROTECTION ACT, WE NEED YOUR PERMISSION. PLEASE TICK TO INDICATE YOUR AGREEMENT.	

I/WE ENCLOSE £25 FOR MEMBERSHIP (please make cheque payable to AFAA)

PLEASE RETURN THE FORM TO:

MRS. PAT WORDLEY,  
TREASURER AFAA,  
30 BRADGATE,  
CUFFLEY,  
HERTS, EN6 4RL.

Signature:

Date: