

# AFPAG Membership Form

Make checks payable to AFPAG.

**Mail to:**

AFPAG c/o Verdell Daniels  
101 Windsor Road  
Savannah, GA 31419

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone(s):** \_\_\_\_\_

**Company & Occupation:** \_\_\_\_\_

**Role: (Adoptive parent, Foster Parent, DFCS Worker, Other)** \_\_\_\_\_

**Would you be interested in serving on a committee? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

The membership fee is \$15.00 per person or \$30.00 per family. Membership Year  
January 1<sup>st</sup> – December 31<sup>st</sup>.

Amount Enclosed: \$ \_\_\_\_\_

**Thanks for joining AFPAG**