

# — FFTA Membership Application —

Agency Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Web site \_\_\_\_\_

E-mail \_\_\_\_\_

Agency Executive Director \_\_\_\_\_

Current number of children/youth in treatment foster care program \_\_\_\_\_

Agency's annual treatment foster care budget \_\_\_\_\_

For the last fiscal year, provide approximate figures for:

- total number of children/youth served across all agency programs \_\_\_\_\_
- total annual operating budget across all agency programs \_\_\_\_\_
- total number of full-time (FT) and part-time (PT) staff employed by your agency FT \_\_\_\_\_ PT \_\_\_\_\_
- total number of licensed foster parents (*whether or not they have children placed in their home*) \_\_\_\_\_

Membership Type:  Full  Multi-Site  Affiliate  Individual

How did you hear about FFTA? \_\_\_\_\_

Is your agency accredited?  Yes  No If yes, by whom? \_\_\_\_\_

Payment Type:  Check  Visa  MasterCard  American Express Payment Amount: \_\_\_\_\_

Account#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC Code: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

FFTA Federal Tax ID# 363593908

**Please mail application and payment (U.S. Funds) to:**

Family Focused Treatment Association  
294 Union Street, Hackensack, NJ 07601-4303 USA



**Family  
Focused  
Treatment  
Association**

Call: 800-414-3382 ■ Fax: 201-489-6719 ■ Email: [ffta@ffta.org](mailto:ffta@ffta.org) ■ Visit: [www.ffta.org](http://www.ffta.org)