



**UNITED FOSTER PARENTS OF CANADA CORPORATION**  
**(UFPCC)**

**APPLICATION FOR ANNUAL MEMBERSHIP**  
**CAS FOSTER PARENTS (ANNUAL DUES)**

**C.A.S Agency:** \_\_\_\_\_  
(Please complete all shaded areas)

1. I understand that, as an Annual Member, I do not have the right to receive notice of, attend, or vote at any meetings of the Members of UFPCC.
2. I understand that UFPCC purchases Legal Expense Insurance on behalf of Insured Persons (see definition on Page 2) to retain and pay the ongoing fees of legal counsel in connection with investigations or charges that arise as a result of the Insured Person's involvement with fostered children, up to the allowable maximum.
3. I agree and understand:
  - a. That my Annual Membership will start on the day that I pay the Annual Membership Fee of \$150.00 plus HST (or such other fee amount set by UFPCC's board of directors) and my Application is accepted by UFPCC's board of directors.
  - b. That I must pay the Annual Membership Fee of \$150.00 plus HST (or such other fee amount set by the UFPCC board of directors), and provide a membership confirmation form, **each year by January 31<sup>st</sup>** in order to remain an Annual Member. I understand that if I do not take these steps, my Membership **and** my Insurance Coverage will **expire** on February 1<sup>st</sup>. I understand that UFPCC **will not** remind me to pay the Fee and provide the Form. I will not hold UFPCC responsible if an Insurance renewal notice is not received by me for any reason.
  - c. That a condition of Annual Membership is being an active foster parent in Ontario. I understand that it is my obligation to inform UFPCC immediately if I cease to be an active foster parent in Ontario.
  - d. To ensure that my correct membership status, address, and contact information is on file with UFPCC at all times.
  - e. To comply with the by-laws, policies, and procedures of UFPCC and any legislation applicable to UFPCC and/or me, as a foster parent.
  - f. That the UFPCC board of directors has the authority to terminate my membership, or to reduce or cancel my Insurance coverage, if I do not meet my obligations in (a) – (e).
  - g. That the Legal Expense Insurance provides coverage **only** for charges or investigations resulting from my interaction with **my foster children**, and that it is NOT liability insurance or coverage for legal expenses in relation to a Civil Suit.

