



UNITED FOSTER PARENTS OF CANADA CORPORATION
(UFPCC)

APPLICATION FOR ANNUAL MEMBERSHIP
PRIVATE FOSTER PARENTS

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:
 - 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 31st** 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 01. 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 Canada. I understand that it is my obligation to inform UFPCC immediately if I cease to be an active foster parent in Canada.
 - 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.
4. I declare that, as of the date of this Application, I have no knowledge of any actual or potential allegations or charges, **involving my foster children**, against me or any other

Insured Persons that may result in criminal charges or proceedings being laid or brought against me or any of them.

5. I agree to maintain the highest standards of foster parenting so long as I am a member of UFPCC. I confirm that my Agency has a criminal reference check on file regarding me.
6. I authorize my Agency to provide UFPCC with my contact information for the purpose of maintaining my membership records. I authorize UFPCC to use and disclose my contact information, including sending me commercial electronic messages, for any purpose related to my membership. I understand that I can withdraw this consent at any time by contacting my Agency or UFPCC, as appropriate.
7. I understand and acknowledge and agree that the Legal Expense Insurance is the only form of legal assistance available to me through UFPCC and I will not hold UFPCC liable for any matter relating to the Insurance, including the administration or sufficiency of the Insurance. Once a certificate is issued to me for the Insurance, the Insurance will be the **only** source of financial assistance available to me through UFPCC.

I have read and I understand this Application, and I agree to provide my Agency and UFPCC with written notice if any of the above statements change.

Dated at _____, Ontario this _____ day of _____, 201 _____

FOSTER PARENT SURNAME	FIRST NAME	MIDDLE NAME	DOB
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ADDRESS: _____

TOWN/CITY: _____ POSTAL CODE: _____

Province: ON PHONE #: _____ EMAIL ADDRESS: _____

Signature of Foster Parent _____

Witness: _____

Instructions: Mail to UFPCC, 1 Bridge Street East, Suite 410, Belleville, ON K8N 5N9
Or Email: office@ufpcc.com

HST#: 863843538 RT0001.

Definition of Insured Persons: A Member of UFPCC who is in good standing when investigations or charges are raised; and the following individuals living in the home of the Member: the Member's spouse/partner; the Member's children and grandchildren (including adopted children/grandchildren and children/grandchildren studying at college or university); and the Member's parents and grandparents.