



UNITED FOSTER PARENTS OF CANADA CORPORATION

**RETIRED/CLOSED
Change of Status
(Active to Retired)**

C.A.S Agency: _____
(Please complete all shaded areas)

FOSTER PARENT SURNAME FIRST NAME MEMBER #

Address: _____

Town/City: _____ Postal Code: _____

Province: Ontario Telephone Number: _____

E-Mail Address: _____

If Applicable:

New Address: _____

Town/City: _____ Postal Code: _____

Province: _____ Telephone Number: _____

E-Mail Address: _____

Please be advised that we are leaving the role of Foster Parent and wish to have our status changed from Active to Retired. We understand that we will continue to receive assistance from the UFPCC in accordance with its by-laws and procedures for allegations in relation to when we were dues paying members.

Effective Date: _____

Signature: _____

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