

Northwest Adoptive Families Association (NAFA) Membership Form

To join NAFA send this application along with your check to: NAFA, P.O. Box 12086, Portland, OR 97212

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ New Membership

E-Mail: _____ Renewal Membership

Check all that apply: Adoptive Family Waiting Family Birth Parent
 Adoptee Adoptive Professional Other: _____

Please check a membership level:

General	\$30.	
Friend	\$50.	(\$20. tax deductible)
Advocate	\$100.	(\$70. tax deductible)
NAFA Angel	\$1,000.	(\$970. tax deductible)

NAFA is an all volunteer organization and offers many opportunities for members to get involved. Please indicate if you would like more information on the following volunteer opportunities:

Social Events Advertising, PR IT/Computer Baby & Toddler Care Class
 Grant-Writing Fundraising Board Member Other: _____

NAFA maintains information regarding types of adoptions for various informational and grant writing purposes. All of the information in the table below is confidential and, while it is voluntary, it is important when applying for grants.

Child's Name	Birthdate	Adopted?	Domestic or Int'l?		State/Foster Placement?	
			D	I	Y	N
		Y N	D	I	Y	N
		Y N	D	I	Y	N
		Y N	D	I	Y	N
		Y N	D	I	Y	N
		Y N	D	I	Y	N
		Y N	D	I	Y	N

MEDIA RELEASE

I, hereby authorize NAFA to photograph and record my child(ren) (as listed in the table above) on film, video tape, or otherwise; to edit any image; and to use any image, alone or with the images of others in any reasonable manner (including, but not limited to, print media, television, other promotional materials, the NAFA internet site, or other social media sites). I also agree to indemnify and hold harmless all NAFA board members and/or volunteers. I acknowledge that using my child(ren)'s image involves releasing it into the public domain, that NAFA owns all right in and to all images, and that no monetary compensation will be given to me or my child(ren) for the use of any image.

This release will supersede any previous releases on file.

Printed Name: _____ Date: _____

Signature: _____