



Familyhome Program Provincial Coordinators Association

Please print or type clearly

Name of Agency: _____

Name of Program: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contact Person(s): _____

**Annual Membership Fee \$25.00 per program
Please make cheque payable to F.H.P.P.C.A.**

Send payment along with completed form(s) to:

**SHERI SCOTT & SANDRA BONUCCHI-BILOW
COMMUNITY LIVING KINGSTON
1412 PRINCESS STREET
KINGSTON, ONTARIO
K7M 3E5**

**Note: Mailings, meeting minutes and other information are sent to members in good standing only; so please be sure to complete and send your application/renewal on time.
(Membership Year: April 1st 2005 – March 31st 2006).**