



Lend your voice to ours and support the work of the Adoption Council of Canada! Together, we can further the cause and increase adoption understanding among the public, the media, and the key decision makers.

Vision

A permanent, supported family for every child and youth in Canada.

Mission

We are Canada's voice for adoption, unifying communities' commitment to permanency for waiting children and youth. We support and encourage people along their adoption journey, connecting them to the families and resources they need.

Please complete this form in order for us to have your correct contact information, and send it to our office at your earliest convenience. Membership is free – Join us today!

TITLE <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.		
FIRST NAME		LAST NAME
AGENCY/ORGANIZATION (IF APPLICABLE)		
POSITION		
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE* ()	EMAIL**	
PAYMENT		
ANNUAL MEMBERSHIP FEES <input type="checkbox"/> \$0 UNTIL FURTHER NOTICE		
CHARITABLE CONTRIBUTION <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$30 <input type="checkbox"/> OTHER AMOUNT \$ _____		
TOTAL \$ _____ INCOME TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
PAYMENT METHOD		
<input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX <input type="checkbox"/> ONLINE VIA PAYPAL		
NAME OF CARD HOLDER		
CREDIT CARD NUMBER	EXPIRY DATE (MM/YY)	SECURITY (CVN#)
SIGNATURE		

* Please note that you would only be contacted by phone if one of our mailings is undeliverable.

**Would you like to receive our periodic electronic newsletters with important updates about adoption in Canada? Yes No

I AM (PLEASE CHECK ANY THAT APPLY):

- | | | |
|--|--|--|
| <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Adoptee | <input type="checkbox"/> Birth parent |
| <input type="checkbox"/> Prospective foster parent | <input type="checkbox"/> Prospective adoptive parent | <input type="checkbox"/> Researcher/academic |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Health professional | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Former or current youth in care | <input type="checkbox"/> Other: _____ | |