



FAMILIES FOR RUSSIAN AND UKRAINIAN ADOPTION

Including Neighboring Countries

Improving the lives of children

Membership Form

Thank you for your interest in *Families for Russian and Ukrainian Adoption (FRUA)*. Please answer the questions below (it is not required that you answer all the questions). If you have not yet adopted a child, fill out as much as you can at this time.

Please check the appropriate box and send your check, payable to *FRUA*, to: **FRUA, P.O. Box 2944, Merrifield, VA 22116**. If you have any questions, call our voice mail at 703-560-6184. Please allow approximately 4 weeks for the arrival of your *Welcome Package*.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> CA -Northern, \$35 | <input type="checkbox"/> Minnesota, \$35 | <input type="checkbox"/> TX-Austin, \$35 | <input type="checkbox"/> All other North American locations, \$25 |
| <input type="checkbox"/> CA- Southern, \$35 | <input type="checkbox"/> Missouri-St. Louis, \$35 | <input type="checkbox"/> TX-Dallas/FW, \$35 | |
| <input type="checkbox"/> CO -Central/Mtns, \$35 | <input type="checkbox"/> New England, \$30 | <input type="checkbox"/> TX-Houston, \$30 | <input type="checkbox"/> International locations US \$35 |
| <input type="checkbox"/> CO -South, \$35 | <input type="checkbox"/> New Jersey, \$35 | <input type="checkbox"/> TX-San Antonio, \$35 | |
| <input type="checkbox"/> Illinois, \$30 | <input type="checkbox"/> New York, \$30 | <input type="checkbox"/> VA-Central, \$35 | |
| <input type="checkbox"/> Indiana-Central, \$30 | <input type="checkbox"/> North Carolina, \$35 | <input type="checkbox"/> Washington DC area, \$35 | |
| <input type="checkbox"/> KS/MO-Kansas City, \$35 | <input type="checkbox"/> OH-Cincinnati, \$30 | <input type="checkbox"/> Washington State, \$35 | |
| <input type="checkbox"/> Kentucky-Louisville, \$30 | <input type="checkbox"/> PA-Philadelphia, \$30 | <input type="checkbox"/> Wisconsin, \$35 | |
| <input type="checkbox"/> Michigan, \$35 | | | |

Professional Memberships Welcomed

Membership Dues Amount: \$ _____

Tax-deductible donation: \$ _____

Friends-Under \$100 Sponsors-\$100-\$499 Benefactors-\$500-\$999
Philanthropist's Circle-\$1,000-\$9,999 Heritage Society-\$10,000+

All donors will be listed by these designations in our newsletter. If you DO NOT wish to be acknowledged by name in our newsletter, check here: _____

Today's Date: _____ Adoption completed Adoption in progress Considering adoption

Name of adoptive Mother: _____ Occupation: _____

Name of adoptive Father: _____ Occupation: _____

Address _____

E-mail: _____ Phone: _____ Fax: _____

CHILD(REN)'S INFORMATION

Adopted Child's Name & Date of Birth:

Biological Child's Name & Date of Birth:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Date of Adoption/Orphanage Number/City/Country:

1. _____

2. _____

3. _____

What Agency did you use? _____

Did your child(ren) have any medical issues? Yes No If yes, what was the diagnosis, and how is the problem now?

How did you learn about FRUA? _____

Would you be interested in helping out with a local chapter or one of our other committees? Yes No

How can FRUA help you? _____

Are you willing to share this information with other adoptive families in our group? Yes No