



# 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 or email [info@frua.org](mailto:info@frua.org). Please allow approximately 4 weeks for the arrival of your *Welcome Package*.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Arkansas, \$35            | <input type="checkbox"/> Missouri-St Louis, \$35        | <input type="checkbox"/> Oregon, \$35                 | All other North American locations, \$25 _____ |
| <input type="checkbox"/> CA - Northern, \$35       | <input type="checkbox"/> New England, \$35              | <input type="checkbox"/> PA - Philadelphia \$35       |  |
| <input type="checkbox"/> CO - Central, Mtns, \$35  | <input type="checkbox"/> New Jersey, North, \$35        | <input type="checkbox"/> TX - Austin, \$35            | International locations, US \$35 _____         |
| <input type="checkbox"/> CO - South, \$35          | <input type="checkbox"/> New Jersey-Central/South, \$35 | <input type="checkbox"/> TX - Dallas/Fort Worth, \$35 |  |
| <input type="checkbox"/> Illinois - \$35           | <input type="checkbox"/> New York City, \$35            | <input type="checkbox"/> TX - Houston, \$30           | PROFESSIONAL MEMBERSHIPS WELCOMED              |
| <input type="checkbox"/> Indiana - Central, \$30   | <input type="checkbox"/> NY - Hudson Valley \$35        | <input type="checkbox"/> TX - San Antonio, \$35       |  |
| <input type="checkbox"/> KS/MO - Kansas City, \$35 | <input type="checkbox"/> North Carolina, \$35           | <input type="checkbox"/> VA - Central \$35            |  |
| <input type="checkbox"/> KY/IN - Kentuckiana \$30  | <input type="checkbox"/> Ohio, \$30                     | <input type="checkbox"/> Washington DC area, \$35     |  |
| <input type="checkbox"/> Michigan, \$35            |   | <input type="checkbox"/> Washington State, \$35       |  |
| <input type="checkbox"/> Minnesota, \$35           |   | <input type="checkbox"/> Wisconsin, \$35              |  |

Membership Dues Amount: \$ \_\_\_\_\_  
 Tax-deductible donation: \$ \_\_\_\_\_ Orphanage Support  
 \$ \_\_\_\_\_ FRUA Scholarship Fund

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

Parent(s) name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### CHILD(REN)'S INFORMATION

Adopted Child's Name & Date of Birth:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Biological Child's Name & Date of Birth:

1. \_\_\_\_\_
2. \_\_\_\_\_
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

01/01/09