

**FLORIDA ADOPTION COUNCIL**  
**PRELIMINARY MEMBERSHIP APPLICATION**  
**(January 1, 2011 through December 31, 2011)**

**MAIL TO:**

**FLORIDA ADOPTION COUNCIL 3 CLIFFORD DRIVE SHALIMAR, FL 32579**

Name: \_\_\_\_\_

Profession (Check One):  Judge  Attorney  Social Worker/Counselor  Other

Name of Law Office, Agency, or Business (If Applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Telephone: Office: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Web site: \_\_\_\_\_

