



**ADOPTION  
KNOWLEDGE  
AFFILIATES**

*essential wisdom ▶ lifelong support*

**Yes, I would like to join AKA!  
Enclosed is my check/money order for a one-year membership**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please check all that apply:**

- Adopted Person     Prospective Adoptive Parent     Adoptive Parent     Social Worker  
 Attorney     Therapist/Counselor     Birth Parent     Other \_\_\_\_\_

**Check Level(s) of Membership:**

- Individual: \$52/year  
 Family: \$72/year  
 Agency Membership: \$82/year (includes four agency members)  
Name & Email: \_\_\_\_\_  
Name & Email: \_\_\_\_\_  
Name & Email: \_\_\_\_\_  
Name & Email: \_\_\_\_\_

**I am interested in volunteering for:**

- Education/Programming     Library     Conference/Workshops  
 Membership     Newsletter/Publicity     Fundraising     Search Assistance

**May we welcome you in our next newsletter?**

- yes     no

Make check/money order payable to  
Adoption Knowledge Affiliates  
and mail with this form to:

**Adoption Knowledge Affiliates | P.O. Box 4082 | Austin, TX 78765-4082**

[www.adoptionknowledge.org](http://www.adoptionknowledge.org) aka [aka@adoptionknowledge.org](mailto:aka@adoptionknowledge.org)