

MOMS Club® of Hillsboro, Oregon

New Member Application

Please return this form to any MOMS Club® Board member at any event or ask for a mailing address.

Name: _____

Phone Number: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Spouse Name: _____

Child's/Children's Name(s) and Birth date(s):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we publish your contact information in our next roster (internal viewing only)? Yes No
I give permission for photos of my family to be used in promotional materials for MOMS Club of Hillsboro and published on the MOMS Club of Hillsboro website and associated pages. Yes No
Are you new to Hillsboro? _____ If yes, where did you relocate from: _____

How did you hear about MOMS Club® of Hillsboro? _____

How can MOMS Club® of Hillsboro best meet your needs? _____

What skills might you be able to offer MOMS Club® of Hillsboro? (i.e. board member, speaker, craft demonstrator, etc.) What are your past career experiences and current hobbies? _____

MOMS Club offers many volunteer opportunities such as meals for moms, service projects, board membership, party/large event planning, and more. What types of activities interest you? _____

PLEASE READ AND SIGN BELOW (signature is required for membership):

I, the undersigned, understand that my participation and the participation of any members of my family in any MOMS Club function is completely voluntary, and I hereby give permission for myself and my family to join in those functions or programs. My family shall hold harmless MOMS Club of Hillsboro, the MOMS Club Corporation, and MOMS Club volunteers or representatives, and/or the providers of any function or program location and/or materials from any liability and/or responsibility for any accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

Member Signature: _____ Date: _____

Printed Name: _____

Spouse/Guardian Signature(s) (if you checked "yes" on the photo release): _____

Printed Name: _____ Date: _____