



## MEMBERSHIP APPLICATION

**ALL MEMBERS MUST HAVE A SIGNED MEMBERSHIP INFORMATION LIABILITY RELEASE FORM ON FILE WITH THE MOMS CLUB® OF LOUISBURG, KS BEFORE ATTENDING ANY ACTIVITIES OR PROGRAMS.**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE:** ( ) \_\_\_\_\_ **MOBILE PHONE:** ( ) \_\_\_\_\_

**HUSBAND'S NAME:** \_\_\_\_\_

**CHILDREN'S NAMES & BIRTHDATES:** \_\_\_\_\_

**HAVE YOU EVER BEEN A MEMBER OF THIS OR ANY OTHER LOCAL MOMS CLUB? IF SO, WHICH CHAPTER AND WHEN?** \_\_\_\_\_

**DO YOU WORK FOR PAY OR DO VOLUNTEER WORK? IF SO, WHAT DO YOU DO?** \_\_\_\_\_

**WHAT ARE YOUR HOBBIES OR SPECIAL INTERESTS?** \_\_\_\_\_

**ARE YOU INTERESTED IN JOINING A PLAY GROUP?** ( ) Yes ( ) No ( ) Don't know

**ARE YOU INTERESTED IN THE BIG SISTER PROGRAM?** ( ) Yes ( ) No

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

I, the undersigned, understand that my participation and the participation of any members of my family in any MOMS Club® activity or program is completely voluntary, and I do hereby give permission for myself and my family to join in those activities or programs. My family shall hold harmless to the MOMS Club® of Louisburg, KS, the MOMS Club® corporation, any MOMS Club® volunteers or representatives, paid or unpaid, and/or the providers of any activity 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 understand that MOMS Club® of Louisburg, KS from time to time submits pictures (no names are provided) of activities to local publications and for the MOMS Club® newsletter. I give permission to the Club to submit any pictures of my family and myself. I accept that the final responsibility for my safety and that of my family rests with me.

**Please make check payable to MOMS Club® of Louisburg, KS.** To mail in membership payment of \$20 with application, please send to: Tammy Poe, 204 Shoreline Drive, Louisburg, KS 66053.

MEMBER'S SIGNATURE

DATE

Rec'd \_\_\_\_\_  
I.R. \_\_\_\_\_