



Membership Registration

Today's Date:			
Name:			
Address:			
Home Phone:		Cell Phone:	
E-mail:			
Birthdate:			
Spouse's name:			
Children's Names		Birthdates	
How did you hear about the Laurel Moms Club?			
Do you work? Please check all that apply. <input type="checkbox"/> I work outside my home. <input type="checkbox"/> I work from home. <input type="checkbox"/> Being a mom is enough work for me! <input type="checkbox"/> I work full time. <input type="checkbox"/> I work part time.			
In our "all volunteer" organization each member is asked to serve on a committee in order to help run the club. We will try to accommodate your choice as best we can. Please rank your choices 1, 2 and 3.			
<input type="checkbox"/> Activities	<input type="checkbox"/> Community Service	<input type="checkbox"/> Membership	
<input type="checkbox"/> Archives/Historian	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Technology/Website	
<input type="checkbox"/> Business Meeting	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Special Events	

MEMBERSHIP BEGINS WHEN YOU RETURN THIS FORM WITH PAYMENT

For Board Use Only		
Amount paid:	Date joined:	Babysitting Co-op: Y N
Cmte Assignment:	Chair notified:	Co-op notified:
Directory:	Entered into computer:	