



Membership Form

New Member Renewal Change of information New addition

First name _____ Last name _____

Spouse / Significant other name _____

Address _____

Phone number (____) _____ Cell / other phone (____) _____

* If you wouldn't mind other members calling you to seek advice, please check here:

Email address _____

(used for club event invitations, newsletter, and general communications ; we do not pass your email to any other organization)

Twins Triplets Quadruplets Other: _____

Fraternal Identical Unknown Both (please explain) _____

All children's names, genders and dates of birth **or** due date: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Membership dues are \$20.00 (\$30 after August 31 for renewing members). Please make checks payable to FSMOM

In an effort to get to know our members better and to foster new friendships, please answer the following questions. Your answers will appear in the directory.

Please list any interests, hobbies, or special talents that you have.

Are you: a stay-at-home MOM?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A teacher who takes the summer off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Someone that only works part-time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you interested in contacting other MOMs to start a playgroup? Yes No

Please list any suggestions or ideas for speakers, topics to address, or activities (with, or without children) that interest you. We can't guarantee that it will happen, but we always welcome members' input.

Thanks for taking the time to fill this out. See you at the next meeting!

Please bring completed form to the next meeting or mail to:
Cheryl Borrelli
219 Garrison Circle
Smyrna, DE 19977