



Santa Rosa Mothers' Club

MEMBERSHIP FORM

Mail completed form and payment to:
Santa Rosa Mothers' Club, P.O. Box 9651, Santa Rosa, CA 95405

Date: _____

New (\$30) *Renewing (\$25)*

Please print clearly.

First Name: _____

Last Name: _____

Birthday (Month/Day): _____

Address: _____

City & Zip: _____

Phone: _____

Email: _____

Your Child's Name and Birthday (m/d/y):

How did you hear about the SRMC?

- SRMC Website
- Friend Recommended
- Doctor/Hospital/Birth Center
- Local Business
- Other (please specify): _____

WAIVER

In order to participate in the Club, members must sign this acknowledgement and return it with their dues to:

Santa Rosa Mothers' Club
P.O. Box 9651
Santa Rosa, CA 95405

I hereby acknowledge that:

1. The SRMC is a volunteer-run organization and participation through volunteering to work/bring food etc. is requested and may be necessary for events throughout the year.
2. A copy of the SRMC bylaws is available to me on the SRMC website, www.santarosamothersclub.org
3. I will be responsible for the safety and behavior of my family, my guests, and myself at all Club functions.

Name (please print): _____

Signature: _____

FOR SRMC USE ONLY:

Date:

Payment Amount: \$

- New
- Renewing

Check #:
Processed by: