



# SANTA ROSA MOTHERS CLUB MEMBERSHIP FORM

Mail the completed form & payment to Santa Rosa Mothers Club, P.O. Box 9651, Santa Rosa, CA 95405

Date: \_\_\_\_\_

Child's Name

Birthday (m/d/y)

New (\$30.00)       Renewing (\$25.00)

Payment plans are available. Please inquire.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthday (Month/Day): \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Area you live: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

\*Spouse's Work Phone: \_\_\_\_\_

*\*For fundraising purposes*

If pregnant, what is your due date?

List skills, talents, interests, and occupations you would like to share with other members.

Do you have any special needs?

Where did you find out about the Mothers Club?

List any playgroups you are already involved with.

Please provide us with any additional ideas, comments, or suggestions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any interest you have:

- Board Positions                       Volunteering
- Fundraising                               Social Events
- In-A-Pinch                                 Playgroups
- Shared Interest Groups               Educational Activities

Exclude me from the membership directory, which is distributed to member for personal use only.

### 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 organization and my participation may be necessary in order for events to continue.
2. A copy of the SRMC by-laws was made available to me.
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:

Thank you for joining the Santa Rosa Mothers Club.

### FOR CLUB USE ONLY

Date joined: \_\_\_\_\_ Date expires: \_\_\_\_\_

- Mail
- Meeting
- Member packet  
(Bylaws, Tea Invite, & New Member Letter)
- Directory (if lost \$.50 per new one)

Pmt \$  
 New

Check #  
 Renewing