



MOMS Club of Malvern MEMBERSHIP APPLICATION AND LIABILITY RELEASE

All members must have a signed membership application and liability release on file with the local MOMS Club.

*NAME: _____

*ADDRESS: _____

*TELEPHONE: _____

*E-MAIL ADDRESS: _____

*HUSBAND'S NAME: _____

*CHILDREN'S NAMES AND BIRTH DATES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been a member of this or any other local MOMS Club? If so, which group and when?

Do you work for pay or do volunteer work? If so, what do you do?

What are your hobbies or special interests?

How did you hear about us?

Information marked with an * may be included in the group roster or newsletter. Other information helps us plan future activities. If you have an idea for the group, please discuss it with a member of the Executive Board. I, the undersigned, understand that my participation and the participation of any members of my family, in any MOMS Club function or program is completely voluntary, and we hereby give permission for myself and my family to join in those functions or programs. My family shall hold harmless this local MOMS Club, the MOMS Club corporation, any MOMS Club volunteers or representatives, and/or the providers of any function or program location and/or materials from any program.

I accept that the final responsibility for my safety and that of my family rests with me.

Date Member's Signature

Send this form and \$20 membership fee to:

MOMS Club of Malvern

P.O. Box 474

Malvern, PA 19355