

**ST. ROBERT of NEWMINSTER MOMS' GROUP
MEMBERSHIP FORM 2010/2011**

Please complete this FORM, then MAIL with your CHECK to:

Chris Willemin, 1142 Foxchase Lane SE, Grand Rapids, MI 49546

Full Membership \$25
Social Membership \$10 (includes only mom's night out events)
(Checks payable to: St. Robert of Newminster)

DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ (home) _____ (work) _____ (cell)

E-MAIL ADDRESS: _____

HUSBAND'S NAME: _____

CHILDREN:

Name	Birthdate
1.	
2.	
3.	
4.	
5.	
6.	

Special information about a child (allergies, etc): _____

Your Birth Date (m/d): _____ Your Anniversary (m/d/y): _____

Do you or your husband own a business that the group would be interested in patronizing?
Please tell us about it (Name of company, type of company, etc.)

Please check all that apply:

- _____ New Member
_____ Renewing Member (member since _____)
_____ Social Member (does not attend any meetings)

How did you hear about our group? _____