

# MEMBERSHIP APPLICATION

Wheaton Area Moms (WAM) invites all moms and dads who are at home with their kids (full-time or part-time) to discover the joys of at-home parenting within a supportive, activity-rich environment of parents and their kids in our local area. **The only requirements for membership are paying a modest annual membership fee and participating in at least one of WAM's service project activities each year.**

**TO JOIN:** Please complete and sign the form below and return it with your membership fee to the Membership Coordinator. The fee is \$18 for one year (\$36 for two years). Make checks payable to *Wheaton Area Moms*. In cases of financial hardship, applicants may request a waiver of the fee by writing a brief request on the back of this form.

Please fill in all fields below.

<b>Last Name:</b>	<b>First Name:</b>
<b>Address:</b>	<b>City - Zip:</b>
<b>Cell phone:</b> ( ) -	<b>E-mail:</b>
<b>Home Phone:</b> ( ) -	<b>Birthday (optional):</b>

<b>Child(ren)'s name(s):</b>	<b>m/f</b>	<b>Birthday: (mm / dd / yyyy)</b>

<b>Spouse or Partner, if any:</b>
<b>Hobbies / Interests / Areas of expertise:</b>
<b>If you work for pay or volunteer, what do you do?</b>
<b>How did you hear about our club?</b>

<b>I am interested in joining:</b> <input type="checkbox"/> a playgroup <input type="checkbox"/> the Book Club <input type="checkbox"/> the Knitting Club	<input type="checkbox"/> the Facebook Group <input type="checkbox"/> the Google Calendar
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I would like to join for (see details about fees above): <input type="checkbox"/> 1 year (ends 12/31/2019) <input type="checkbox"/> 2 years (ends 12/31/2020)
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I the undersigned understand that my participation and the participation of any members of my family in any Wheaton Area Moms function or program is completely voluntary and we hereby give permission for me and my family to participate in those functions or programs. My family shall hold harmless the Wheaton Area Moms organization any of its volunteers or representatives and/or the providers of any function or program location and/or materials from any liability and/or responsibility for any accident illness or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.
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<b>Signature</b>	<b>Date:</b>
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