



# New Membership Application

Wheaton Area Moms (WAM) invites all moms and dads who are at home (full- or part-time) with their kids to discover the joys of at-home parenting within a supportive, activity-rich environment with other at-home parents and their kids.

**Directions:** Please fill in all fields below. Then return this completed and signed form along with your membership fee to the membership coordinator. The annual fee is \$18 (\$1.50 per month) or \$36 for two years, but this amount is prorated based on the month you join. 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. In addition to our minimal annual fee, members are expected to participate in at least one of WAM's volunteer service project events each year.

## Personal information

Last name:	First name:
Street address:	City, zip code:
Mobile:	Email:
Home phone:	Birthday (optional):

## Children's information

First and last name:	m/f	Birthday: (mm / dd / yyyy)

## Additional information

Spouse or partner's name:	Hobbies / interests / areas of expertise:
If you work for pay or volunteer, what do you do?	How did you hear about our club?

### I am interested in joining:

- Weekly playgroup       Knitting club       Google shared calendar  
 Book club       Facebook group

### I would like to join for the following number of years (see details about fees above):

- 1 year (ends 12/31/2019)       2 years (ends 12/31/2020)

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.

Signature: \_\_\_\_\_

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