

iMOMs

iMOMs Registration Form

Welcome to iMOMs! Please complete this form so we can learn some basic information about you.

First Name: _____ Last Name: _____
Cell Phone: (____) _____ Address: _____
City: _____ State: _____ Zip code: _____
Email: _____ Birthday: _____

Home church (if applicable): _____

Spouse's Name (if applicable): _____

Please list your child(ren)'s information:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

If you are not a returning member, how did you hear about iMOMs? _____

If you work or volunteer outside the home, where? _____ Occupation: _____

Based upon your work schedule, which day of the week is best for events we plan during daytime hours?

____M ____T ____W ____Th ____F

Based upon your family commitments, which day of the week is best for events we plan in the evening?

____M ____T ____W ____Th ____F

____ Please initial here if you are OK with your contact information being shared with our iMOMs group in a directory.

Annual Dues:

Total (if joining before January meeting)\$25.00

Total (if joining after January meeting)\$15.00

iMOMs shirts are available. If you would like one, please indicate size and style.

____XS ____S ____M ____L ____XL

____ Short sleeve, light grey ____ Long sleeve, dark grey

If you order a short sleeve shirt, please add \$10 to your annual dues.

If you order a long sleeve shirt, please add \$12 to your annual dues.

*Please make checks payable to **iMOMs IHCC.***

For iMOMs Group Use Only:

Date registration received:	Amount paid:	
Table Assigned:	Date Shirt Ordered:	Date Shirt Delivered: