

iMOMs

iMOMs Registration Form

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

First Name: _____ Last Name: _____

If you are a returning member, you can skip to Section A below if no information has changed since last year.

Cell Phone: (____) _____ Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Home church (if applicable): _____

Spouse's Name (if applicable): _____

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

Section A

Please list your child(ren)'s information for this school year:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

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

Annual Dues covers meeting expenses, supplies and food for each monthly meeting: **\$35.00**

(\$20.00 if joining AFTER January.)

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:

Joining Date: _____	Amount paid: _____	Membership Database <input type="checkbox"/>	Facebook <input type="checkbox"/>	Paperless Post <input type="checkbox"/>	Food Sign-Up <input type="checkbox"/>
Shirt Ordered <input type="checkbox"/>	Shirt Delivered <input type="checkbox"/>	REMIND Text Program <input type="checkbox"/>	Name Badge <input type="checkbox"/>	Guidelines <input type="checkbox"/>	