

Empowering Mom's & Children Organization

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Name:	
Address:	
Contact Number:	
Email address:	
Additional Information: If you have any specialist skills, qualifications, knowledge or even just some specific interest or availability (time), that you are able to offer to assist with things such, Project Idea's, research, monitoring, content management/updating of websites, leaflet distribution or even just being able to get out and about to speak to people in your immediate area, then please mention them below:	

AGREEMENT & SIGNATURE

MEMBER SIGNATURE:	
DATE:	
PAID MEMBERSHIP DUES OF \$50	<input type="checkbox"/> CASH - <input type="checkbox"/> CHEQUE - <input type="checkbox"/> OTHER
I would like to receive emails regarding events and information	<input type="checkbox"/> YES - <input type="checkbox"/> NO
I allow images and videos of me to be used on promotional and website material	<input type="checkbox"/> YES - <input type="checkbox"/> NO

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF THE EMPOWERING MOM'S & CHILDREN ORGANIZATION

Administrative Use Only

MEMBERSHIP #:	
START DATE:	
END DATE:	