



Membership Application 2015-2016

Name: _____ Spouse: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Birthday: __ / __ / ____ Returning Member New member

Are you a Past President? Yes No

May we add you to the club directory? Yes No

Would you like to be added to the MOMS club distribution email list for playdates and other activities? Yes No

Do you have students requiring service hours?

If yes, list name, age & school: _____

Any special interests or talents? : _____

Membership dues are \$10 annually

Make check payable to MHOC Women's Club and mail to:

Mary Help of Christians Women's Club Attn: Membership
5980 University Drive
Parkland, FL 33067