



Membership Application 2017-2018

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

MHOC WC Notes: Check _____ Cash _____ Roster _____ E-Mail List _____

Welcome Letter: _____