



## 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: \_\_\_\_\_