



# MOMS Club® of Alexandria-Franconia, VA

## Membership Information & Liability Release

All members must have a signed membership information and liability release on file with the local MOMS Club before attending any activities or programs

Dues: \$20/yr • Check Payable to: MOMS Club of Alexandria – Franconia, VA • Mail to: Membership VP

• E-mail: [momsclub22310@yahoo.com](mailto:momsclub22310@yahoo.com)

• Note: Members **must** reside in the 22310 zip code area.

Name: \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Address: \_\_\_\_\_, Alexandria, VA 22310

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children's Names & Birthdates: \_\_\_\_\_

Please indicate any allergies you or your children have to certain foods or medications: \_\_\_\_\_

**Help us help you get involved!** Indicate below the activities you are interested in coordinating or hosting:

Playgroups       Baby Sitting Co-op       Kids Outings       Family Outings  
 Moms Night Out       Moms Luncheon       Coffee Club       Kids Crafts

Indicate the areas of the chapter you would be interested in volunteering for/contributing to:

Sunshine Committee       Meeting Hospitality       Event Planning       Newsletter  
 Service Projects       Recipe Book       Chapter Website       Executive Board  
 Other \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

Have you ever been a member of this or any other MOMS Club? **Yes** **No** (Please circle one.) If so, which chapter and when? \_\_\_\_\_

Do you work for pay or do volunteer work? **Yes** **No** (Please circle one.) If so, please describe: \_\_\_\_\_

Any hobbies or special interests? \_\_\_\_\_

Would you be interested in sharing your skill/hobby/interest at a meeting or event? **Yes** **No** (Please circle one.)

*The information above may be included in the chapter roster or newsletter. It will also help us plan future activities. If you have an idea for the group please speak up! We'd love to hear your ideas.*

I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF ANY MEMBERS OF MY FAMILY IN ANY MOMS CLUB® ACTIVITY OR PROGRAM IS COMPLETELY VOLUNTARY, AND HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE ACTIVITIES OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS THIS LOCAL MOMS CLUB® OF ALEXANDRIA- FRANCONIA, VA, THE MOMS CLUB® CORPORATION, ANY MOMS CLUB VOLUNTEERS OR REPRESENTATIVES, PAID OR UNPAID, AND/OR THE PROVIDERS OF ANY ACTIVITY OR PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM. I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY SAFETY AND THAT OF MY FAMILY RESTS WITH ME.

Date: \_\_\_\_\_ Member signature: \_\_\_\_\_