

# MEMBERSHIP APPLICATION

Wheaton Area Moms (WAM) invite all moms and dads who are at home with their kids (full-time or part-time) to discover the joys of at-home parenting within a supportive, activity-rich environment of parents and their kids in our local area. **The only requirements for membership are paying a modest annual membership fee and participating in at least one of WAM's service project activities each year.**

**TO JOIN:** Please complete and sign the form below and return it with your membership fee to the Membership Coordinator. Contact the Membership Coordinator at [wheatonareamoms@gmail.com](mailto:wheatonareamoms@gmail.com) to determine the amount to pay. The fee is \$12 for one year (\$24 for two years) but it is prorated based on the month you join, so the Membership Coordinator can tell you exactly how much to pay. Make checks made payable to *Wheaton Area Moms*. In cases of financial hardship, applicants may request a waiver of the fee by writing a brief request on the back of this form.

**Name:** \_\_\_\_\_ **Birthday (optional):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_  
**Telephone:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Spouse or Partner, if any:** \_\_\_\_\_

**Child(ren)'s name(s)** \_\_\_\_\_  
**and birthday(s):** \_\_\_\_\_  
\_\_\_\_\_

**Hobbies/Interests/Areas of Expertise:** \_\_\_\_\_  
\_\_\_\_\_

**If you work for pay or volunteer, what do you do?** \_\_\_\_\_

**How did you hear about our club?** \_\_\_\_\_

- I am interested in joining a Play Group
- I am interested in participating in the Babysitting Co-op
- I am interested in joining the Book Club

**Would you like to join for:**  one year or  two years? (See above details about fees.)

I, the undersigned, understand that my participation and the participation of any members of my family in any Wheaton Area Moms function or program is completely voluntary, and we hereby give permission for me and my family to participate in those functions or programs. My family shall hold harmless the Wheaton Area Moms organization, any of its volunteers or representatives, and/or the providers of any function 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_