



# 2017-18 MOMsNext REGISTRATION FORM

WELCOME! PLEASE COMPLETE THIS FORM  
SO WE CAN LEARN ABOUT YOU!

YOUR CONTACT INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

YOUR MOPS INFO

Have you attended a MOMsNext group before?  Yes  No

↳ If yes, where? \_\_\_\_\_

Home church (if applicable): \_\_\_\_\_

How did you hear about this MOMsNext group? \_\_\_\_\_

YOUR FAMILY INFO

PLEASE LIST YOUR CHILD(REN)'S NAME(S) AND BIRTHDATE(S):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Husband's Name (if applicable): \_\_\_\_\_

MOMsNext MEMBERSHIP FEE ..... \$40.00

Please make check payable to MOMsNext R.R.U.M.C. and return registration form and check to Rachel Van Meter

→ You will receive a Welcome Kit and *Hello, Dearest* magazine from MOPS International

**\*\*MOMsNext is a non-profit organization. Donations to address unanticipated costs are greatly appreciated.**