



2011 MOMSnext Registration Form

Welcome to MOMSnext! Please complete this form so we can learn some basic information about you.

Last Name: _____ First Name: _____ M.I. _____

Home Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Have you attended a MOPS or MOMSnext group before? Yes No

If yes, where? _____

Are you registered for the MOPS International Membership or MOMSnext Membership? Yes No

Home church (if applicable): _____

How did you hear about this MOMSnext group? _____

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): _____

Membership Fee **\$49.00**

(Includes group membership, *MOMSnext E-Zine*, Weekly Mom-E-Mail, a MOMSnext Reusable Shopping Bag, MOMSnext Iron On Appliqués and MOMSnext Stickers featuring VeggieTales)

Donation to scholarship fund \$ _____

Total \$ _____

Checks made payable to: **MOMSnext**

Mailed to: MOMSnext
 St. Andrew's Presbyterian Church
 301 Avenue D
 Redondo Beach, CA 90277

For MOMSnext Group Use Only
Date registration received:
Discussion Group assigned:
Date registered for MOMSnext Membership: