

**MOMS Club of Malvern Membership Information and Liability Release**

(All members must have this signed membership information and liability release on file with the local MOMS Club.)

\*Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Telephone (home and/or cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Husband / Partner /Significant Other’s nam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Children’s name and birthdates:

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Have you ever been a member of this or any other local MOMS Club? If so, which group and when?

Do you work for pay or do volunteer work? If so, what do you do?

What are your hobbies / interests?

How did you hear about us?

Information marked with an \* may be included in the group roster or newsletter. Other information helps us plan future activities. If you have an idea for the group, please discuss it with a member of the Executive Board.

I, the undersigned, understand that my participation and the participation of my family, in any MOMS Club function or program is completely voluntary, and I hereby give permission for myself and my family to join in those functions or programs. My family shall hold harmless this local MOMS Club, the MOMS Club Corporation, MOMS Club volunteers, and /or the providers of the activity location from any liability and/or responsibility for any accident, illness, or injury that occurs during any function or program. I accept that the final responsibility for my safety and that of my family rests with me. I also grant MOMS Club permission to use photographs of my family for the good of the Club. All photographs will be used responsibly and no names will be listed. I will not share other members’ personal information with anyone outside the group.

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Member’s signature Date

Send this form and your membership fee (see table below) to:

**MOMS Club of Malvern**

**P.O. Box 474**

**Malvern, PA 19355**

After you join, you will be contacted by our new member coordinator, emailed our monthly newsletter and given the option to join our member-only Facebook page (“Moms Club of Malvern, PA”)

For any questions, please contact us at [**momsclubofmalvern@gmail.com**](mailto:momsclubofmalvern@gmail.com)

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|  | **Membership Fees** |
| New Member Joining in Jan/Feb/March | $25 |
| New Member Joining in April/May /June | $18.25 |
| New Member Joining in July/August/Sept | $12.50 |
| New Member Joining in Oct/Nov/Dec | $6.25 |
| All Renewal Members  *(note: Renewal members do not need to send a membership form again)* | $25/year |
| Members in need of a fee waiver  *(Process: Please email* [*momsclubofmalvern@gmail.com*](mailto:momsclubofmalvern@gmail.com) *to request a fee waiver (no details needed); you will owe nothing.)* | $0 |