



# 2015-16 MOPS International Registration Form

Welcome! Please complete this form so we can learn about you!

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Have you attended a MOPS group before?  Yes  No

If yes, where? \_\_\_\_\_

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

How did you hear about this MOPS 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): \_\_\_\_\_

**MOPS Membership Fee** ..... **\$30.00**

(You will receive a Welcome Package from MOPS International in 4-6 weeks)

**TOTAL PAID**..... **\$** \_\_\_\_\_

**CHECK #** \_\_\_\_\_ **CASH** \_\_\_\_\_ **LEADER INITIALS** \_\_\_\_\_ **DATE PAID** \_\_\_\_\_

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| <b>For Group Use Only</b>                          |
| Date registration received:                        |
| Discussion Group assigned:                         |
| Date registered for MOPS International Membership: |

