



Motherhood Society

Support • Friendship • Education

Application for Joining Motherhood Society

Mission Statement for Motherhood Society: We are a non-profit organization committed to improving the lives of mothers through support, friendship and education. We work towards helping mothers balance all of the diverse roles of motherhood and life.

Our annual fee is \$24.00 for the first year, starting from October 1st. Joining in any other month the fee will be reduced by \$2.00 per month. Membership is good from October 1st to September 30th. For continuing members the fee is \$20.00 per year.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Your Birthday (year not necessary) _____

Child Name _____ Birthday _____

Child Name _____ Birthday _____

Child Name _____ Birthday _____

Child Name _____ Birthday _____

Child Name _____ Birthday _____

Our records are kept confidential and this information will not be shared with any other groups either for profit or non-profit. This information will only be made available to members of Motherhood Society.

We offer no liability insurance. We work to provide the safest environment possible. You are responsible for yourself and your children. By signing below you understand that Motherhood Society has no liability insurance and will not be held responsible for any injury of any kind either resulting in hospitalization or not, either requiring a visit to a doctor (emergency room) or not. We will not be held responsible for any injury resulting in death or serious harm.

Signature _____