

Idaho Moms' Network Membership Form

Your name:		Date:	
Spouse's name:			
Mailing address:			
E-mail:		Phone:	
Child #1		Child #2	
Name:		Name:	
Birth date:	Sex:	Birth date:	Sex:

Please check the appropriate boxes:

- 1 I am interested in a playgroup.
- 2 I am interested in a dues scholarship.
- 3 Please call me with more information.

Where did you hear about us? _____

I, the undersigned, understand that my participation and the participation of any members of my family in any Idaho Moms' Network activity or program is completely voluntary, and we hereby give permission for myself and my family to join in these activities or programs. My family shall hold harmless the Idaho Moms' Network, any Idaho Moms' Network volunteers, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

By signing below I acknowledge that I have read and will adhere to the by-laws as stated (please see website for by-laws).

Please send this completed form and \$24 or pro-rated dues amount (see website for rates) to:

Idaho Moms' Network
 13601 W. McMillan Rd., Suite 102
 PMB #114
 Boise, ID 83713

If you have any questions, you can leave us a message at 208-884-3773 and we will return your call, or you can email us at info@idahomomsnetwork.org. Thanks for joining us. We look forward to meeting you and your family.