

## 2017-2018 MOPS International Registration Form

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

Last Name:		First Name:		M.I
Phone:		Alternate Phone:		
Address:				
City:		State:	_ Zip code:	
Email:			Birthday:	
Have you atten	ded a MOPS group before?   Yes	s  No If yes,where?		
Are you registe	red for the MOPS International Me	embership? ☐ Yes ☐ No		
Home church (	if applicable):			
How did you he	ear about this MOPS group?			
Please list your	child(ren)'s name(s) and birthdate	e(s):		
Please check	if your child will be coming to M	OPS with you.		
Name:		Date of Birth	n: Aller	gies
Name:		Date of Birth	n: Aller	gies
Name:		Date of Birth	n: Aller	gies
Name:		Date of Birth	n: Aller	gies
Husband's Nar	ne (if applicable):			
Includes M	Annual Re OPS international Fee (benefits: M	gistration Fee: \$90.00 OPS membership, <i>Hello, De</i>	earest Magazine,	Free Indeed
	nd other goodies) and program fee	(covers childcare, craft mate	-	
*Dlagge m	_	ind MOPPET crafts).		na with the
"Please II	nake checks out to "River Rock Ch regis	urch with MOPS in the me stration forms to:	emo and send alo	ng with the
		k Church. Attn: MOPS		
		0 Belding Road		
		kford, MI 49341		1
	For MOPS Group Use Only:			
	Date registration received:			
	Discussion Group assigned:			

Date registered for MOPS International Membership: