



**2011-12 Northside Baptist Church MOPS Registration Form**  
(items with an \*asterisk are required)

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

\*Home Phone: \_\_\_\_\_ Alternate (cell) Phone: \_\_\_\_\_

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

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

Email (will not be shared or published): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home church (if applicable): \_\_\_\_\_ Spouse's Name (if applicable): \_\_\_\_\_

\*Emergency Contact name/relationship/phone: \_\_\_\_\_

\*Child(ren)'s name(s) and birthdate(s): (use the back for additional children or information regarding special needs)

Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

\*Do you attend another MOPS Group?  Yes  No \*If yes, where? \_\_\_\_\_

\*How did you hear about this MOPS group? \_\_\_\_\_.

Are you willing to volunteer your time and talents to help our MOPS group in any of these areas?

MOPPETS (childcare) Hospitality (set up & clean up) Crafts

*(Please note that while we make every effort to honor requests, we are not always able to accommodate friend requests due to group size limits and other circumstances)*

**MOPS International Membership dues, \$23.95 per year** -may be split into 2 payments of \$12 each. These funds go in their entirety to MOPS Int'l and do not benefit our charter's expenses. (Includes member fee, MOPs reusable grocery bag, MOPs bumper sticker, magnet, bag tag, MomSense magazine, Mom-E-Mail and MyMOPS online benefits).....\$ \_\_\_\_\_

**Please make checks payable to Carri Jo Freed & write "MOPS" in the memo field**

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