

MEMBERSHIP APPLICATION FORM



www.greaternashuamothersclub.com

Today's Date: _____

Name: _____

Phone: _____

Address: _____

Email: _____

City/State/Zip: _____

Spouse's Name (optional): _____

Child(ren)'s Names

Date(s) of Birth

If this membership is a gift, YOUR NAME: _____

I give GNMC permission to post photos of myself and/or my child(ren), taken at events, to the GNMC website (www.greaternashuamothersclub.com).

Signature: _____

Check if you are interested in signing up for, or receiving more information about, any of the following:

Playgroups New Moms Support Group Working Moms Group GNMC Board positions

Which position? _____

How did you hear about us? If from one of our brochures, where did you receive it? _____

If referred by another GNMC member, who? _____

Membership Dues are adjusted based on the month you join:

Join in the months of

March - October

November – January *

February *

Membership dues are

\$25.00

\$15.00

FREE

* NOTE: Annual Membership Renewal begins in March, at which time the \$25 annual fee is due.

Print and mail this form, along with your check made payable to "Greater Nashua Mothers Club" for this year's dues (see payment information above), to:

Greater Nashua Mothers Club
ATTN: Membership Coordinator
PO Box 124
Nashua, NH 03061-0124