

CHESAPEAKE MOMS
MEMBERSHIP APPLICATION

*****MEMBER MUST HAVE SIGNED MEMBERSHIP APPLICATION AND LIABILITY RELEASE
FORM ON FILE WITH CHESAPEAKE MOMS IN ORDER TO ATTEND OR PARTICIPATE IN ANY
ACTIVITY OR PROGRAM OF THE ORGANIZATION***

Name _____

Address _____

Telephone _____

E-mail Address _____

Spouces' Name _____

Children's Names and Birthdates _____

How did you hear about Chesapeake Moms Club? _____

If a current or former member referred you, please list their name _____

The CMC relies on member participation thru committees to organize events for the year.

Please indicate which committee(s) you would like to volunteer to support:

June/End of Year Event ___ Year End Charitable Silent Auction _____

Moms Retreat (April) ___ Charities Committee ___ Fundraising for the CMC ___

Holiday parties _____

Spring event, St.Pats event, Valentine's Party, December/ Holiday Party, November event.

(Next year 2012/2013 the following may be included: Sept/ Charity 5K run, Summer Event (July/August), Oct/ Halloween Party).

Would you like information about any of the activities which occur monthly?

MNO (Moms Night(s) Out: dinner at area restaurants or socials hosted in member's homes) _____

Book club _____ Family social ___ Playgroup(s) ___ Scrapbooking ___ Walking group (seasonal) _____

LIABILITY RELEASE

I, undersigned, understand that my participation and the participation of any member of my family in any Chesapeake Moms activity or program is completely voluntary. My family and I shall hold harmless the organization known as Chesapeake Moms, its volunteers or representatives, paid or unpaid, and/or any providers of any activity or program location and/or materials from any liability and/or responsibility for any accident or illness or injury that occurs during or as a result of any function or program. I assume that the final responsibility for my safety and that of my family rests with me.

Date

Member signature

Please attach a check to form made out to *Chesapeake Moms Club* and mail to:

P.O. Box 828

Stevensville, MD 21666

Attn: Beth Yonts