



2011-12 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. _____

Home Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Have you attended a MOPS group before? Yes No

If yes, where? _____

Are you registered for the MOPS International Membership? Yes No

Home church (if applicable): _____

How did you hear about this MOPS group? _____

Do you have any food allergies? If so, please list: _____

What is your family's favorite game to play together? _____

Please list your child(ren)'s name(s) and birthdate(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Husband's Name (if applicable): _____

MOPS International Membership Fee \$23.95

(Includes group membership, *MomSense* Magazine, Weekly Mom-E-Mail, a MOPS Reusable Shopping Bag, MOPS Iron On Appliqués and MOPS Stickers featuring VeggieTales)

"Round Up" your membership fee to \$25 so MOPS and Compassion International can help babies survive and moms thrive! Visit MOPS.org/roundup to find out more \$1.05

Group Fee \$ _____

Total \$ _____

For MOPS Group Use Only
Date registration received:
Discussion Group assigned:
Date registered for MOPS International Membership: