



2015-16 MOPS International Registration Form

Welcome! Please complete this form so we can learn 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? _____

Home church (if applicable): _____

How did you hear about this MOPS group? _____

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 Mentor Membership Fee (Mentors only)\$26.95

MOPS Membership Fee \$24.95

(You will receive a Welcome Package from MOPS International)

Save \$2 (Mom and Mentor Membership) if you register by June 30 ,2015..... \$ _____

Total \$ _____

Please check box if a scholarship is needed.

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