



MOPS Registration Form 2010 –2011



Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Birthday: _____ month _____ day *Prior Mops International Member Number:* _____

How did you hear about Mops: _____

Husband's Name: _____ Work #: _____

Anniversary date (mm/dd/yy): _____ (if applicable)

Do you attend church: _____ if yes where: _____

<u>Children's Names</u>	<u>Attending Moppets?</u>	<u>Birthday</u>
_____	Y / N _____	_____
_____	Y / N _____	_____
_____	Y / N _____	_____
_____	Y / N _____	_____

Make Checks payable to: Servants of Christ Lutheran Church
(Payment is non-refundable)

\$25 Registration
\$40 Each Semester

Mail to: 7650 Oaklandon Rd,
Indianapolis IN, 46236
Attention: MOPS

Space is limited

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MOPS Group Use:

Date Registration Received: _____ Discussion Group Assigned: _____

Date Registered for Mops to Moms: _____ Registration Number: _____

Check Number: _____ Amount Paid: _____ Date Posted: _____