



### MOPS International Registration Form

Welcome to Woodlake MOPS! Please complete this form so we can learn some basic information about you.

Registration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Meeting Time:  Morning (10:00 AM)  Evening (6:30 PM)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile 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 the Woodlake 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): \_\_\_\_\_

<b>MOPS International Membership Fee</b> (2011-2012).....	<b>\$25.00</b>
<b>Semester Dues</b> (Amount due in September & January).....	<b><u>\$55.00</u></b>
<b>Total</b> .....	<b>\$80.00</b>

**Make checks payable to Woodlake MOPS. Please enclose this form along with your payment and mail to:**

**Debbi McCartney**  
**c/o WUMC MOPS**  
**15607 Hampton Crest Place**  
**Chesterfield, VA 23832**

<b>For MOPS Group Use Only</b>
Date registration received:
Discussion Group assigned:
Date registered for MOPS International Membership: