

St. Frances Cabrini



New Member Sign Up Sheet

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

- Would you like to be on the Moms Network Roster?
 Yes No

- Do you want to receive Moms Network e-mails? (circle one)
 Yes No

- Activities of Interest: (circle all that apply):

 Mom's Night Out Mom's Morning Tea Mom's Events
 Mom's Family Events (Summer Barbeque & Christmas Party)

- Serve on the Core Team? Yes No

- The roster will be available for publish to other members of the moms network only. Please indicate whether or not to include your name, telephone #, and e-mail address.

 Yes, include No, exclude

Comments

Thank you for your interest(s) in the Moms Network.

Rev. Feb. 15, 07