

New Membership Application



About: WAM & Fam invites all parents and their kids to discover the joys of parenting within a supportive, activity-rich environment.

Cost: The annual fee is \$18 (\$1.50 per month) or \$36 for two years. This amount is prorated based on the month you join. Contact the membership coordinator via wheaton.area.moms@gmail.com to verify the amount.

Directions: Return this completed and signed form along with your membership fee to the membership coordinator. You may do so either in person or by mailing a check, made payable to *Wheaton Area Moms*—contact the membership coordinator for the preferred mailing address. In cases of financial hardship, applicants may request a waiver of the fee under the “Additional comments” section at the end of this form.

Digital completion: If preferred, you can use SignNow for iOS devices and DocuSign Ink for Androids to upload the form via your email or your Dropbox account, sign and date it using your touch screen, and email it back to us. You can do the same for free using Dropbox’s or Adobe Reader’s free apps; however, you will have to *share* the signed form with us. The [HelloSign](#) Chrome extension lets you sign and send the form from your browser.

Requirements: Applicants must either (a) attend one of our monthly public events before formally joining WAM & FAM or (b) already know one of our members. In addition to our minimal annual fee, members are expected to participate in at least one of our volunteer service projects each year.

Applicant’s information

Personal information

Last name:	First name:
City, zip code:	Email:
Mobile:	Home phone:

Children’s information

First and last name:	m/f	Birthday: (MM / YYYY)

Additional information (optional)

Spouse or partner’s name:
If you work or volunteer, what do you do?
How did you first hear about WAM & Fam?



Membership details

By checking this box, I attest that I have met a member of WAM & Fam.

WAM & Fam member's name:

Where you met:

I am on parental leave until _____ . Note: Playgroup eligibility requires 3-month commitment.
MM / DD / YYYY

I am interested in joining:

- Weekly playgroup Knitting club Google shared calendar
 Book club Facebook group

I would like to join for the following number of years (see details about fees above):

- 1 year (ends 12/31/2021) 2 years (ends 12/31/2022)

I, the undersigned, understand that my participation and the participation of any members of my family in any Wheaton Area Moms function or program is completely voluntary, and I hereby give permission for me and my family to participate in those functions or programs. I and my family shall hold harmless the Wheaton Area Moms organization, any of its volunteers or representatives, and/or the providers of any function or program location and/or materials from any liability and/or responsibility for any accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

Signature of applicant

Date

Full name (print)

Additional comments: