

**Huron Valley Moms' Club Membership Form and Liability Waiver**  
**Membership Year 2011**

NAME: \_\_\_\_\_ YOUR BIRTHDATE: \_\_\_\_\_ (No year needed)

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME of Significant Other (if applicable): \_\_\_\_\_

<b>Children's Name &amp; Gender</b>	<b>Birth Dates</b>

If this is a NEW registration, please provide detailed driving instructions to your home from the nearest main road:

How did you hear about the Huron Valley Moms' Club?

\_\_\_\_\_

**RENEWING MEMBERS:** Would you be willing to be a BUDDY to a new member?    **Y**    **N**

Do you want to participate in playgroup?    **Y**    **N**

Would you be willing to share/teach any of your hobbies or special talents? (Please Explain)

**Please check any events that you would like to help with:**

Community Service	Member Mixer (Sept-May)	Easter Egg Hunt (Mar)	Moms Post Holiday Dinner (Jan)
Summer Family Party (June)	Nominating Committee (Aug)	Fall Family Party (Oct)	Park Days (Jun-Aug)
Kid's Christmas Party (Dec)	Mom to Mom Sale (Spring)	Halloween Party (Oct)	

**\*\* The Club is only as good as our members so please keep in mind that a requirement of membership in the HVMC is that you participate in COORDINATING of at least one HVMC event per year. Failure to do so may result in the termination of your HVMC membership.**

**\*\*\* Some of the above data may be included in the club's roster and/or newsletter for the viewing of Huron Valley Moms' Club members only.**

Effective January 1, 2011, annual dues are \$24. Dues are pro-rated if you are joining after January, \$2.00 each month for the remainder of the year.

Please make checks payable to "Huron Valley Moms' Club".

Please return form with annual dues to Jena Hochstein, P.O. Box 117, Milford, MI 48381. If you have any questions please contact Jena at membership@hvmoms.org or 248-496-8007.

I, the undersigned, understand that the participation of my family (children, self, and spouse) is completely voluntary, and I hereby give permission for us (children, self, and spouse) to join the functions and programs. I shall hold harmless the Huron Valley Moms' Club and Huron Valley Moms' Club volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location, and/or materials, from any liability and/or responsibility for any accident, illness or injury that occurs or as a result of any functions or programs. **I ACCEPT THAT I HAVE FINAL RESPONSIBILITY FOR THE SAFETY AND BEST INTERESTS OF MY CHILDREN, SELF, AND SPOUSE.**

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HVMC use only - Check No. \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Treasurer's Initials: \_\_\_\_\_