

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Cell:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Male Female <i>(Please circle)</i>		
Skills:		
Hobbies:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	Address:	Phone:

SPOUSE INFORMATION

Skills:		
Hobbies:		

REFERENCES (OPTIONAL)

Name	Address	Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

SIGNATURES

I authorize the verification of the information provided on this form as to my membership enrollment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:

Send Check or Money Order to:
Moms of LEO
Payable to: Eyvaine Walker-Lindsey
PO Box 531812
Henderson, NV 89053