

Date: \_\_\_\_\_

## BROOKHAVEN MOM'S CLUB MEMBERSHIP FORM

\*Please complete this form and return with your \$25 check payable to: Sheryl Wait at 4084 Club Drive by October 15th, 2013.

\* For email list members only – send \$15 dues.

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL#: \_\_\_\_\_

CHILD(REN)'S NAME, AGE AND SCHOOL ATTENDING:

---

---

Please circle one or more of the following you would be willing to help coordinate (with several other moms and does not have to be at your home): Please Circle

**Halloween Party**

**Easter Egg Hunt**

**Kickoff Cocktail Party**

**Summer Pool Party**

**Adult Christmas Party**

**Daddy & me playgroup**

**Helping Hands**

**Mom's Night Out**

**Host a playgroup**

Which day of the week works best for playgroups? Circle all that apply:

**MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY**

Are there any changes/additions to our groups' activities that you would like to suggest?

---

---

Thank you,

Sheryl Wait

[sherylhwait@gmail.com](mailto:sherylhwait@gmail.com), 404-272-1801