



...because mothering matters

Registration Form

Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last name: _____ First name: _____ M.I.: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ E-mail: _____

Have you attended a MOPS group before? Yes No

If so, where? _____

Are you currently registered for the MOPS International Membership? Yes No

Do you attend a church (church attendance is not required to join MOPS)? Yes No

If so, where? _____

How did you hear about this MOPS group? _____

Husband's name (if applicable): _____

Please list your child(ren)'s name(s) and birth date(s):

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

If expecting, list due date: _____

Payment:

Annual MOPS International Membership <small>(Weekly MOM-E-Mails, Bi-Monthly MOMSense Magazine, and other membership benefits)</small>	20.00	20.00
Fall Semester (Oct. – Jan.)	20.00	
Spring Semester (Feb. – May)	20.00	
Total		

Please make check out to Central Assembly. Payment reserves your spot. Scholarships are available!
Mail registration forms and payment to
Central Assembly, Attn. MOPS
1301 N Boonville Ave.
Springfield, MO 65802

For MOPS Group Use Only:

Date registration received: _____

Table Group assigned: _____

Date registered for MOPS International Membership: _____