



# MOPS International Registration Form

Welcome to MOPS! Please complete this form so we can learn some basic information about you. Bring to a meeting or send to Crossroads Community Church, Women's Ministries – MOPS, P.O. Box 7003, Hillsborough, NJ 08844.

Member registration is \$24.95; please make check payable to Crossroads Community Church, and write MOPS in the memo.

Last name: \_\_\_\_\_ First name \_\_\_\_\_ M.I.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

Have you attended a MOPS group before? Yes No

If so, where? \_\_\_\_\_

Are you registered for MOPS International Membership: Yes No

Do you attend a church? Yes No

If so, where? \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

Please list your child(ren)'s names and birthdates:

Name / Date of birth: \_\_\_\_\_

Name / Date of birth: \_\_\_\_\_

Name / Date of birth: \_\_\_\_\_

Name / Date of birth: \_\_\_\_\_

Husband's name (if applicable): \_\_\_\_\_

For MOPS Group Use Only

Date registration received: \_\_\_\_\_

Discussion Group assigned: \_\_\_\_\_

Date registered for MOPS International Membership \_\_\_\_\_