



## 2015-2016 MOPS Registration Form

Welcome! Please complete this form so we can learn about you!

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

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

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

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Have you attended a MOPS group before? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Do you attend church? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

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

Please list your child(ren)'s name(s) and birthdate(s) and note if they are enrolled in MOPPETS:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MOPPETS: ☐ Yes ☐ No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MOPPETS: ☐ Yes ☐ No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MOPPETS: ☐ Yes ☐ No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MOPPETS: ☐ Yes ☐ No

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

What special skills/talents do you possess? \_\_\_\_\_

**MOPS Membership Fee** ..... **\$25.00**

(You will receive a Welcome Package from MOPS International)

**Dues** ..... ☐ Fall 2015 (\$20) ☐ Spring 2016 (\$20)

**Total** ..... \$ \_\_\_\_\_

For MOPS Use Only		
Date registration received:	Check or Cash (circle one)	Check #:
Discussion Group assigned:		
Date registered for MOPS International Membership:		



radiant

MOPS is a Radiant women's ministry of

North Metro Baptist Church

1026 Old Peachtree Road NE

Lawrenceville, GA 30043

p: 770.995.9055 | northmetro.net/MOPS