

Lakewood Ranch Moms Group, Inc.

Membership Form

Please complete this form and mail it, along with your \$35 check made payable to
Lakewood Ranch Moms Group, Inc., to:

Lakewood Ranch Moms Group, Inc. | 8374 Market Street #435 | Lakewood Ranch, FL 34202

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Children's Names: _____ Birth Date: _____ School Attending*: _____

Our group is run completely by volunteers. Please note that we request all members to contribute to the success of our group by volunteering annually in one form or another. Some of the ways you can help our group be successful are by taking on an executive position, volunteering at a special event or community service project, providing a sunshine meal to a fellow mom, for example. Please check the box or boxes below to indicate some ways you may be able to help out:

- Delivering a Sunshine Meal to a new mom or mother in need. You can cook or order the meal from a local restaurant.
- Be a part of our Community Service Committee by helping plan and volunteer at events to raise funds for our selected charity
- Participate in the new playgroup format as a participant and host of playgroups (generally for kids 4 and under)
- Be a part of our Welcome Committee and deliver welcome packages/bake cookies or other baked goods.
- Assist with the newsletter production as a part of the Newsletter Committee
- Assist with locating sponsors for our events, ads for our newsletter to help raise funds for our events.
- Answer questions other moms may have about the school(s) your child attends.

I, the undersigned, understand that my participation and the participation of any members of my family in any Lakewood Ranch Moms Group, Inc. activity or program is completely voluntary, and we hereby give permission for myself and my family to join in those activities and/or programs. My family shall hold harmless this Moms Group and any Moms Group volunteers for representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

Member's Signature: _____ Date: _____

For a faster response, please email to: lwrmgmembership@yahoo.com