



St. Michael Church Ministry of Motherhood

40 Alden St., Cranford, NJ 07016

**MEMBERSHIP REGISTRATION FORM
(2020-2021)**

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

E-MAIL: _____ BIRTHDAY (month/day): _____

CURRENT OCCUPATION: _____ PAST OCCUPATION: _____

HUSBAND'S NAME: _____

NAME(S) AND BIRTH DATES(S) (month/day/year) OF YOUR CHILD(REN):

Please note if anyone in your family has food allergies: _____

Do you hold a current Protecting Gods Children Certification? _____ Yes _____ No

COMMITTEES:

Please contact us if you are interested in assisting with any of the following:

- | | |
|--|-----------------------|
| _____ Community/Social Gatherings | _____ Book Club |
| _____ Daytime/Evening Spirituality | _____ Journaling |
| _____ Advent Celebration | _____ Newsletter |
| _____ Tapas (couples event) | _____ Weekend Retreat |
| _____ Anniversary Brunch | _____ Playgroups |
| _____ Community Outreach Events (MICA) | |

Please Email your completed form to Susan Kastin susan@kastin.org

FOR THE YEAR 2020-2021 MOMs WILL SUSPEND ITS ANNUAL MEMBERSHIP FEE.