

## MEMBERSHIP RENEWAL FORM

Mansfield Mothers' Club  
P.O. Box 831  
Mansfield, MA 02048  
[www.mansfieldmothersclub.com](http://www.mansfieldmothersclub.com)



*Dear Fellow Mother,*

***We are so pleased you have enjoyed your membership and you have chosen to renew! Please mail this form and a \$25.00 check payable to Mansfield Mothers' Club Renewal to Mansfield Mothers' Club, PO Box 831, Mansfield, MA 02048.***

### CLUB USAGE SURVEY

- In the past year, how many events have you attended *total*:  
 None     1-3     4-6     6 or more
- Are you in a playgroup that meets *at least* once per month?     Yes     No
- Do you read our Monthly Newsletter?     Yes     No
- In the past year have you:
  - ✓ Posted or responded to our Yahoo and/ or Facebook groups?     Yes     No
  - ✓ Attended a Moms Night Out and / or Moms Night In     Yes     No
  - ✓ Attended a family event (e.g. Spring or Halloween parties)?     Yes     No
  - ✓ Attended one of our speakers (e.g., preschool fair, sleep talk)?     Yes     No
  - ✓ Helped with a service project (e.g., donating children's items, baking for Our Daily Bread)?     Yes     No
  - ✓ Cooked a Sunshine meal for a new mom or mom in need of support services?     Yes     No
  - ✓ Joined our Relay for Life team to support the American Cancer Society?     Yes     No
- Overall, would you say that the Mothers' Club is meeting your needs?     Yes     No
- Please share any ideas or suggestions in the space below.

**TURN OVER, COMPLETE, AND SIGN THE REVERSE SIDE OF THIS FORM**

**Name:**

**Address:**

**Telephone:**

**Email Address:**

**Children's First & Last Names & Birthdates:**

We'd hope to touch base with you based on your Club interests. In the coming year, would you like to:

Join or continue with an age-based playgroup?

Join the party planning committee?

Join the Relay for Life walking team?

Help plan and coordinate service projects throughout the year?

Bring a meal to a club member who is in need of support services or has recently given birth?

Bake seasonally for Our Daily Bread, Mansfield's Food Pantry?

## **LIABILITY RELEASE**

I, the undersigned, understand that my participation and the participation of any members of my family in any Mansfield Mothers' Club activity or program is completely voluntary, and we hereby give permission for me and my family to join in those activities or programs. My family shall hold harmless this local Mansfield Mothers' Club, the Mansfield Mothers' Club Corporation, any Mansfield Mothers' Club volunteers or 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 the final responsibility for my safety and that of my family rests with me.

Date: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Please mail **this form** and a \$25.00 check payable to **Mansfield Mothers' Club Renewal** to Mansfield Mothers' Club, PO Box 831, Mansfield, MA 02048. Please note, all members must have a signed Membership Information and Liability Release on file with the Mansfield Mothers' Club before attending any activities or programs. Your cooperation is greatly appreciated.

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