

Naamah's Mamas Membership Form

Name: _____ Phone: _____

Address: _____

Email: _____ Husband's Name (If applicable): _____

Emergency Contact: _____ Phone: _____

Number of children _____ Ages of children _____

Meeting preference (morning / evening) _____ Childcare needed (Y/N) _____

Registered member of St. Elizabeth Ann Seton (Y/N) _____

SE cleared (date) _____ Dues paid (date) _____

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