



MOPS

MOMSnex Calvary Chapel Lake Stevens
2020 Registration Form
September -December

Phone: 425-335-4819/Fax: 425-335-0826
Address: 9428 4th St SE, Lake Stevens, Wa 98258

First Name _____ Last Name _____
Mailing Address _____
City _____, WA Zip code _____
Phone Number _____ Email _____
Birthdate _____ Anniversary (if applicable) _____
Husband's Name (if applicable) _____
Do you use Facebook? Y / N If yes, what is your Facebook account name? _____
Do you attend church? Y / N If yes, where? _____
How long have you been in MOPS? _____ MOMSnex? _____

Children	First & Last Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____

(list additional children on back) ***Note childcare is not provided for MOMSnex members**

Annual Membership Fee

(Includes Mops International membership, quarterly MOPS magazine, mom crafts, speakers and a few surprises.)

I am paying in full for September to December=\$40

Additional donation to scholarship fund \$ _____

Any contribution to CCLS MOPS is tax deductible using tax ID #91-1123730. Please note: for individual donations under \$250, your canceled check or carbon copy is your receipt.

Total: \$ _____

Fees are non-refundable and non-transferrable and are required for membership with CCLS MOMSnex. Please make checks out to Calvary Chapel Lake Stevens and note MOMSnex in the memo. Please deliver completed forms and payment to the registration coordinator or mail to: CCLS MOMSnex, % Calvary Chapel Lake Stevens 9428 4th St SE, Lake Stevens, Wa. 98258.

For MOPS group use-

Discussion group assigned _____ Date registration received _____ Date processed _____
Date of payment _____ Amount _____ Cash / Square / online / Check # _____
MOPS to Mom Web ID _____ Registered online (date) _____

Children continued...

First & Last Name

Date of Birth

4. _____

5. _____

6. _____
