

North Coast Parents Membership Form for Summer

Welcome! We are the North Coast Parents. The purpose of this organization is to serve as a support group for parents of young children and to offer meetings in a safe, nurturing, and tobacco-free environment providing socialization for young children. We are a volunteer organization and are not designed for the private gain of any persons. All dues, donations and grants go directly to activities, educational classes and newsletter publications. As a member you may partake in any of the activities we offer including visits to the Discovery Museum and gymnastics.

The Summer Membership period is from June 1st to September 1st.

To help us learn more about your family, please complete this membership form. Your family name, address and children's (first name, last name, and birth date) information will be included in the membership roster, which is distributed only among North Coast Parents members.

Parents Information

Last Name _____
First Name _____
Birthday _____
Last Name _____
First Name _____
Birthday _____

Children

First Name(s)	Last Names(s)	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address

Street _____
City _____ Zip _____
Telephone _____
Email _____

How did you hear about North Coast Parents? _____

Are you interested in information about a small playgroup for your child? YES NO

Please deliver completed form and membership fee of \$20 for Summer Membership to any North Coast Parents Board Member or mail it to: North Coast Parents, P.O. Box 7134, Eureka, CA 95502. Please make checks payable to North Coast Parents.

For consideration of membership in North Coast Parents, I, the undersigned, understand that my participation or any members of my family in any North Coast Parents Activity is completely voluntary, and I hereby give permission for myself and my family to join in those activities. My family shall hold harmless North Coast Parents, any North Coast Parents representatives 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. I accept that the final responsibility for my safety and that of my family rests with me. This membership includes all the benefits and responsibilities as outlined by the North Coast Parents Bylaws, including fund-raising activities.

_____	_____	_____	_____
Member's Signature	Check #	Added to Roster	Date
Payment rec'd. _____	_____	_____	Anniversary Date/s _____