



Membership Registration Form **PreK MOMS PM** 2017/2018

Welcome! Please complete this form so we can learn some basic information about you.

Please print clearly!

Last Name: _____ First Name: _____ M.I. _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: ____/____/____

Husband's Name (if applicable): _____

Home church (if applicable): _____

Please list your child(ren)'s name(s) and birthdate(s):

Name: _____ M F **Date of Birth:** ____/____/____

Name: _____ M F **Date of Birth:** ____/____/____

Name: _____ M F **Date of Birth:** ____/____/____

Name: _____ M F **Date of Birth:** ____/____/____

Name: _____ M F **Date of Birth:** ____/____/____

Name: _____ M F **Date of Birth:** ____/____/____

Membership Fee Total\$12.50

Make Checks Payable to Immanuel Bible Church

5433 N Center Rd Saginaw MI 48604

www.ibcsaginaw.org/prek-moms-pm/

Email: prekmomsPM@ibcsaginaw.org

For Leadership Team Use Only
Date registration received:
Discussion Group assigned: