



# MOCHA MOMS, INC.

## MEMBERSHIP APPLICATION (2013)

Please check one:  New or  Returning Mocha

APPLICANT INFORMATION		
Name:		Phone:
Address:		City:
State:	ZIP:	Email (required for access to website):
How many children do you have?		What are their birth years?
Please check one: <input type="checkbox"/> Full-Time Stay at Home <input type="checkbox"/> Work Outside of Home _____ Part-Time _____ Full-Time <input type="checkbox"/> Home Based Business		

CHOOSE YOUR MEMBERSHIP LEVEL
<input type="checkbox"/> \$40 Chapter Membership <input type="checkbox"/> \$60 Dual Chapter Membership <input type="checkbox"/> \$20 At-Large Membership
I wish to join the following Chapter: _____
Name of your secondary chapter (For Dual Chapter): _____

CHOOSE YOUR NETWORK (if applicable)	
<input type="checkbox"/> Home Alone Network <input type="checkbox"/> Mochas Supporting Special Needs Children (NEW)	
<input type="checkbox"/> Homeschooling Network <input type="checkbox"/> Mochas In Transition Network (NEW)	
<input type="checkbox"/> Military Mochas Network <input type="checkbox"/> Work-at-Home Network	
For detailed descriptions of our networks, please visit our website at <a href="http://www.mochamoms.org/groups.html">www.mochamoms.org/groups.html</a> .	

I, the undersigned, agree to abide by the Mocha Moms, Inc. Code of Conduct and all National and/or Local Chapter Bylaws. Based on the legal structure of Mocha Moms, Inc. (referred to as "nonmembership"), I understand that by paying dues, I am considered a "supporter" and not a legal member of Mocha Moms, Inc. Legal membership is limited to the National Board of Mocha Moms, Inc. only, however, as a member of a local chapter, I do have the rights and obligations accorded to members of that local chapter. In addition, I do hereby release Mocha Moms, Inc., its chapters, regions, officers, directors, representatives, founders, subsidiaries, affiliates, designees and assigns from any and all damages, claims, suits, expenses, liabilities, losses or any other cause of actions involving me, my property, a member of my family or any minor in my care which may arise at any activity sponsored by or affiliated with Mocha Moms, Inc. This waiver shall remain in effect for each year I belong to Mocha Moms, Inc.

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

To make a payment using a credit card (\*Visa or MasterCard), please complete this portion of the application or you can join/renew online via our website at [www.mochamoms.org](http://www.mochamoms.org). Your information will be kept strictly confidential and your credit card will only be charged for the total amount listed on this application.

Type of Card (please select one): \_\_\_ Visa      \_\_\_ MasterCard

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec. Code: \_\_\_\_\_

Cardholder Name (exactly as it appears on the card): \_\_\_\_\_

Billing/Statement Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Please mail your completed application to: Mocha Moms, Inc., Membership Processing, PO Box 1434, Manassas, VA 20108.**

If receipt of this application is not acknowledged via email within 5 weeks, contact [membership@mochamoms.org](mailto:membership@mochamoms.org). **All memberships expire on 12/31/2013. IMPORTANT:** Please add [admin@mochamoms.org](mailto:admin@mochamoms.org) and [webmaster@mochamoms.org](mailto:webmaster@mochamoms.org) to your email address book to ensure that you receive all email communications from the Mocha Moms, Inc. National Office.