



HOLISTIC MOMS NETWORK

Helping Moms in Need Program

Helping Moms in Need Memberships are available on a limited basis and set aside for those in true financial need. All Helping Moms in Need Members should consider what portion of the membership they can contribute to and, if they are unable to contribute financially, how they will do so by volunteering with their local chapter.

To be considered for a Helping Moms in Need Membership, please complete the following application by mail or email your responses to HMNNational@comcast.net. Your information will be kept confidential.

PLEASE PRINT

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Your Local Chapter Affiliation: _____

What portion of the annual membership fee will you contribute? _____

How will you volunteer with or be involved in your local chapter? _____

Please provide us with a brief description of your personal situation and the reason for your request for a Helping Moms in Need Membership. *(Use additional paper as needed.)*

Please Mail to:
Holistic Moms Network
Helping Moms in Need Committee
P.O. Box 408
Caldwell, NJ 07006

Or Email to: HMNNational@comcast.net