Membership Form

Holistic Moms Network

Or join online at http://membership.holisticmoms.org

PLEASE PRINT CLEARLY:

NAME
_____

ADDRESS
_____

CITY/STATE/ZIP
_____

PHONE
_____

EMAIL
_____

CHAPTER NAME:

_____

Membership Fees/Donations *(tax-deductible):*

□ One year/one chapter **individual membership**: $30 for myself.

□ One year/one chapter **family membership:** $40 (for self and spouse/partner).

□ Add membership in a second Chapter for just $20 more. Second Chapter name:

_____

□ **Additional donation** of $_____ to support HMN outreach and activities.

□ Send a **gift membership** ($30) to the above individual from:

_____
NAME OF GIFT GIVER

Total remitted: $_____

Please make checks payable to:
Holistic Moms Network
P.O. Box 408
Caldwell, NJ 07006

A $10 fee will be assessed for returned checks.

Please send me information on:
□ Volunteer or leadership possibilities in my local chapter.
□ How to start a chapter in my area.

Please take a moment to tell us about yourself, so we can better tailor our Holistic Moms Network programs to suit your needs.

What is your age?
□ 29 or under □ 41-50
□ 30-40 □ over 51

How many children do you have?
□ 1 □ 2 □ 3 □ 4 or more

What are the ages of your children?
□ Newborn to 2 □ 11-18 years
□ 3-5 years □ over 18
□ 6-10 years

When can you attend HMN activities?
□ Daytime □ Weekdays
□ Evening □ Weekends

What activities are you interested in?
□ Monthly Meetings □ Playgroups
□ Annual Conference □ Facebook Group
□ Other _____

What are your holistic "passions?" Check your TOP THREE choices:

□ Healthy Eating/Organic Food
□ Alternative/Natural Health Care
□ Breastfeeding
□ Natural childbirth
□ Stress Reduction/Exercise and Fitness
□ Informed Vaccination Decisions
□ Holistic Education/Homeschooling
□ Green/Non-Toxic Living
□ Infant/Toddler Sleep Issues
□ Attachment Parenting
□ Fighting Consumerism
□ Other: _____

Are you a practitioner? □ Yes □ No

If so, what field? _____

How did you hear about HMN?

_____