

The National M.O.M. Squad Organization



JacQuetta L. Clayton, President

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Auxiliary Membership Profile

- *First Name:*
- *Last Name:*
- *Address:*
- *eMail Address:*
- *Home Phone:*
- *Cell Phone:*
- *Work Phone:*
- *Fax Phone:*
- *Birth date: (mm/dd/yyyy)*
- *Medications:* _____
Just incase we travel together and something should happen please list any medications you're on and/or need.
- *Member Referral Name:*
- *Chapter Affiliation:*

“Community Service our Mission – Children our Focus.”

Signature

Date

We look forward to hearing from you soon!

The purpose of this Not for Profit Organization is to create and promote an environment that will ensure a high level of success in our community for the underprivileged youths and young adults.

PO Box 54-1171, Grand Prairie, TX 75054-1171 - **Direct:** 817-874-3588

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AUXILIARY MEMBERSHIP ACKNOWLEDGMENT

- I understand that as an Auxiliary, I do not expect the same benefits of membership nor hold the same rights of membership of NMSO (National MOM Squad Organization) Members or Candidates. Auxiliaries cannot vote or hold office (nationally or locally) and cannot use the formal NMSO logo in any manner without prior written consent from the National Office.
- I understand that Auxiliary membership is granted to women that meet the Auxiliary membership criteria and does not imply endorsement of NMSO
- I understand that as an Auxiliary, I am permitted to identify our Auxiliary membership on stationary, business cards, Web site or other promotional materials.
- I understand that the Auxiliary logo and statement of Auxiliary member status with NMSO shall not be used in any way as to imply endorsement of the organization or individual who has been granted Auxiliary status.
- I understand that as an Auxiliary, I will benefit from access to NMSO's community programs and materials.
- I understand that Auxiliary membership status was created for women who exhibit outstanding community service participation.
- I understand that Auxiliary membership may be revoked at any time, for any reason, and no refunds of Auxiliary dues or fees may be granted.

Signature: _____

Signed this _____ day of _____, 20_____

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