

# 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.

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