



## Membership Profile Application

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.*

Professional Athlete or Professional Entertainer: *circle one*

Endorsed by: \_\_\_\_\_

Auxiliary Members Only

Member since: \_\_\_\_\_

**“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.

[JacQuetta.Clayton@momsquad.org](mailto:JacQuetta.Clayton@momsquad.org)