

Membership Form



PLEASE PRINT CLEARLY:

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

CHAPTER NAME AND NUMBER:

Membership Fees/Donations (tax-deductible):

- One year/one chapter **individual membership**: \$35 for myself.
- One year/one chapter **family membership**: \$50 (for self and spouse/partner).

Please contact us at info@holisticmoms.org for information about multiple chapter memberships.

- Additional donation** of \$_____ to support HMN outreach and activities.
- Send a **gift membership** (\$35) to the above individual from:

NAME OF GIFT GIVER

For information about multiple chapter memberships, please contact us at info@holisticmoms.org

Total remitted: \$_____

Please make checks payable to:

Holistic Moms Network
P.O. Box 408
Caldwell, NJ 07006

*Sorry, credit card payment cannot be accepted at this time.
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?

- Educational Meetings Playgroups
 Annual Conference Email Loop
 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
 Informed Vaccination Decisions
 Holistic Education/Homeschooling
 Environmental Issues/Conservation
 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?
