



## San Bruno Mothers Club New Member Information Sheet

**Please complete the following:**

Name: \_\_\_\_\_ Birthday: (not the year): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Significant Other: \_\_\_\_\_ Due date if pregnant: \_\_\_\_\_

Children's Names, Birth Dates & Playgroup Availability

\_\_\_\_\_ M T W TH F SAT SUN AM PM

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Additional Children: \_\_\_\_\_

I am interested in being a playgroup representative

Which facets of SBMC are most important to you?

\_\_\_\_\_

Can you suggest some activities/outings? \_\_\_\_\_

How did you hear about the SBMC? \_\_\_\_\_

Do you or your significant other have a business interest that you would like listed in our Goods & Services directory in our monthly Newsletter?

\_\_\_\_\_

**KEEPING IN TOUCH:** If you provide an e-mail address, you will receive an invitation for \*\*\* **“Big Tent”** our online group. You will receive club announcements, information and general club communications and invitations unless indicated below.

**Please send me information on the following club activities:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Babysitting Coop (see below for more info)*</b> | <input type="checkbox"/> Annual camping trip/August weekend   |
| <input type="checkbox"/> Reading Sub Club                                   | <input type="checkbox"/> Scrapbook Sub Club   |
| <input type="checkbox"/> Knitting Sub Club                                  | <input type="checkbox"/> NO Big Tent ( our members only online group)***  |
| <input type="checkbox"/> Board Participation (see below for more info)      | <input type="checkbox"/> <b>Phone Calls instead: I prefer to receive a phone call every month with event details. ***</b> |
| <input type="checkbox"/> Bunco Sub Club                                     |   |

**BABYSITTING CO-OP:** If you are interested in the babysitting co-op, you will be contacted by the Co-op Coordinator who will provide you with the co-op Rules & Regulations, Medical Authorization Form and Roster Information Sheet. The Babysitting Co-op is an additional fee per year along with your yearly membership to the SBMC.

**BOARD PARTICIPATION: Please indicate any board position(s) that may interest you in the future.**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> President                     | <input type="checkbox"/> Buddy Coordinator              | <input type="checkbox"/> Historian                   | <input type="checkbox"/> Refreshment Coordinator |
| <input type="checkbox"/> Vice President                | <input type="checkbox"/> Camping Coordinator            | <input type="checkbox"/> In-a-pinch Coordinator      | <input type="checkbox"/> Website Manager         |
| <input type="checkbox"/> Secretary                     | <input type="checkbox"/> Children’s Outings Coordinator | <input type="checkbox"/> Meeting Coordinator         | <input type="checkbox"/> Party Coordinator       |
| <input type="checkbox"/> Treasurer                     | <input type="checkbox"/> Community Service Coordinator  | <input type="checkbox"/> Membership Coordinator      |  |
| <input type="checkbox"/> Advertising Coordinator       | <input type="checkbox"/> Concession Stand Coordinator   | <input type="checkbox"/> Mom’s Night Out Coordinator |  |
| <input type="checkbox"/> Database Coordinator          | <input type="checkbox"/> Newsletter Editor              | <input type="checkbox"/> Newsletter Proofreader      |  |
| <input type="checkbox"/> Babysitting Co-op Coordinator | <input type="checkbox"/> Fundraising Coordinator        | <input type="checkbox"/> Playgroup Coordinator       |  |

**IN A PINCH** (we help out members who are “in a pinch” and may appreciate a meal, having their child taken to playgroup etc.) We generally provide this service to members who have recently welcomed a new baby, when there is a death in the family or another crisis. If interested, we’ll contact you as needed throughout the year.

Yes I can help with **IN-A-PINCH**

Meals

Errands

Childcare

Other

**PLEASE READ, SIGN AND DATE THE FOLLOWING ACKNOWLEDGEMENT AND WAIVER:**

I hereby acknowledge that I will adhere to the bylaws (copies available for reading/reviewing through email and at general meetings) of the San Bruno Mothers Club effective as of the date referenced below.

I represent, acknowledge and agree that I am fully responsible for the safety and behavior of myself, each member of my family, and any guests accompanying me or my family at any and all SBMC functions, programs or events at any and all locations which they may occur.

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**Signature**

**Date**

**FEES: \$30 Per year for mailed newsletters or \$ 25 Per year for emailed copies newsletters**

**MEMBERSHIP (see above) \$ \_\_\_\_\_**

**FINALLY:** Enclose your completed form along with payment in an envelope and mail to:

**San Bruno Mothers Club  
ATTN: Treasurer  
P.O. Box 281, San Bruno, CA 94066**

**We would like to get to know you, your partner/spouse and your children better. Please say a few words about you and your family such as where you grew up; recent travels your area of expertise/employment, and any other interesting information. Your introduction may even be published in an upcoming newsletter!**

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**COMMENTS OR SUGGESTIONS:** \_\_\_\_\_

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