



# novato mothers club

*friendship, community and learning*

## New Member Scholarship Request

Thank you for your interest in the Novato Mothers Club. Scholarships are available if you wish to join, but find the membership fee prohibitive. Please fill out this application, sign the bottom and return it to **Novato Mothers Club, Attn: Membership, P.O. Box 1306, Novato, CA 94948**. The information you provide will enable us to include you in our roster, give you access to our online forum and send you a newsletter each month. This organization was created by moms, for moms, to support moms. This is *your* club so take advantage of what it can offer you!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

### Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Partner/Spouse:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Would you like to receive a paper copy of the newsletter?

Yes, please send a copy to my mailing address.  No, I'll enjoy the newsletter online.

Would you like your information and that of your children printed in the newsletter?  
(Birthdays, welcome new member, pregnancy and birth announcements, etc.)

Yes  No, please keep my info private.

Your Birth Date (Month/Day): \_\_\_\_\_

Are you expecting?  NO  Yes

Number Expecting: \_\_\_\_\_ Due Date (Month/Day/Year): \_\_\_\_\_

Would you like two (2) meals from Mothers Support when the baby arrives?  Yes!  No, Thanks.

### Child(ren):

First Name	Last Name	Birthday (Month/Day/Year)	Sex (F/M)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All scholarships must be voted on and approved by the board of directors anonymously on a case by case basis. Board meetings are held the first Wednesday of the month, every month except for January and July. Your request will be placed on the agenda of the next board meeting. You will be notified by email within two days after the board meeting whether your scholarship request has been granted. The first year of a scholarship is free. Scholarships are for full membership only and scholarship recipients must complete the two(2) hour volunteer requirement. The membership term runs from September 1st to August 31st each year. All members must renew again and the two(2) volunteer hours requirement starts over at this time.

I have read and agree to the terms of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_