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**2017-2018 Membership Form**(Online form & payment submission also available at http://www.mariemontppg.com/join)

Please choose your membership type:

|  |  |
| --- | --- |
| * New Member
 | * Returning Active Member
 |
| * Sustaining Member

(Active Member for 5+ Years) | * Alumni Member
 |

1. Parent Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parent Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Children

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_

Are you expecting? YES NO (Please circle one.) If so, when are you due? \_\_\_\_\_\_\_\_\_\_

Will your youngest child enter kindergarten next fall? YES NO (Please circle one.)

Please confirm your acceptance of the following requirements as outlined in the MPPG
Procedures and Membership Agreement.\*

* Members must be parents to children between the ages of birth through preschool (or are expecting).
* Members are required to serve on the annual Luminaria fundraiser committee and one additional committee of their choice.
* Members are required to provide one Meal Baby meal throughout the year.
* Members must pay the annual dues by the date provided at the opening meeting.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Alumni members are exempt from these requirements

\* MPPG Procedures and Membership Agreement are available at www.mariemontppg.com

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**2017-2018 Membership Form
Payment**(Online form & payment submission also available at http://www.mariemontppg.com/join)

Parent Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MPPG members have the opportunity to make a Meal Baby contribution. This optional contribution fulfills the member’s Meal Baby requirement for the year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Price** | **Total** |
| 2017-2018 MPPG Membership |  | $75.00 |  |
| 2017-2018 MPPG Alumni Membership |  | $10.00 |  |
| Meal Baby Contribution (optional) |  | $25.00 |  |
| **Grand Total** |  |

Please select your method of payment:

* PayPal

\* Go to http://www.mariemontppg.com/join

\* Processing fee applies

\* You will be asked to complete this same form online before submitting payment online

|  |  |
| --- | --- |
| * Check/Cash
 |  |

\* Please make payable to Mariemont Preschool Parents Group (MPPG)

If submitting paper membership form and/or check, please mail or drop off to:

Alandra Parchman, Membership Chair
3847 Miami Road
Cincinnati, OH 45227

Questions? Please contact info@mariemontppg.com