

# ST. TAMMANY PARISH HOSPITAL PARENTING CENTER MEMBERSHIP FORM

*You can become a member by completing this form & mailing it along with your membership fee to the address shown below.*

Today's Date \_\_\_\_\_ Home Phone #\_(\_\_\_\_\_)\_\_\_\_\_

Your First & Last Name \_\_\_\_\_ (Expertise/Hobbies\_\_\_\_\_)

Occupation \_\_\_\_\_(Cell Phone # \_\_\_\_\_opt); (Business Phone # \_\_\_\_\_opt)

Spouse's First & Last Name \_\_\_\_\_ (Expertise/Hobbies\_\_\_\_\_)

Occupation \_\_\_\_\_(Cell Phone # \_\_\_\_\_opt); (Business Phone # \_\_\_\_\_opt)

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

Address \_\_\_\_\_ Neighborhood\_\_\_\_\_

City/State\_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Children \_\_\_\_\_ Birthdate \_\_\_\_\_ Food Allergies \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Food Allergies \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Food Allergies \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Food Allergies \_\_\_\_\_

• How did you hear about The Parenting Center? Friend (who may we thank) \_\_\_\_\_  
Hospital Room Visit \_\_\_\_\_, New Family Center Tour \_\_\_\_\_, Web Site \_\_\_\_\_, Facebook \_\_\_\_\_, Other \_\_\_\_\_.

• **Volunteers Needed:** We ask you to give a few hours a month in a volunteer capacity at The Parenting Center. We find the best way to learn about an organization is to get involved. We are very flexible & have many ways in which you can share your time & talents with us. We greatly appreciate and need your help.

Monster Mash Fundraiser \_\_\_\_\_, Mailings \_\_\_\_\_, Volunteer to watch children of parents participating in class \_\_\_\_\_, Story Time \_\_\_\_\_ Other \_\_\_\_\_. Best day(s) to volunteer \_\_\_\_\_.

**Photo Release:** I authorize The Parenting Center to take & use my child's photo for publicity purposes. \_\_\_\_\_ Yes/ \_\_\_\_\_ No.

**Family Yearly Income:** (\_\_\_\_ Under \$10,000), (\_\_\_\_ \$10,000 - \$25,000), (\_\_\_\_ Over \$25,000)

• **Membership Categories:**

<ul style="list-style-type: none"> <li>• ____ Annual Membership - \$125 for a 12 month membership</li> </ul>	<ul style="list-style-type: none"> <li>• ____ Summer Membership \$75 for a 3-month membership (for parents who are only able to attend our summer activities).</li> </ul>
<ul style="list-style-type: none"> <li>• ____ Friends of the Parenting Center Membership- \$200 for a 12 month membership</li> </ul>	TOTAL AMOUNT ENCLOSED \$ _____

**Make check payable to:**

St. Tammany Parish Hospital Parenting Center • 1505 N. Florida Street, Suite B • Covington, LA 70433

For additional information call (985) 898-4435 Monday ~ Friday between 9 a.m. ~ 1 p.m.

*If you know of anyone interested in receiving our newsletter, please give us their name and address/email.*