

MOPS Member Survey

Please fill out the survey for the MOPS Member Moments section in our newsletter. We will highlight a Steering Team Member and some Group Members with each newsletter, so that we can get to know each other better. Please return with your Registration forms. Thank you!

Your Name _____

Your Family Husband _____

Years of Marriage _____

How did you meet? _____

Children (son, daughter, names, ages, etc.) _____

Favorite Things: Children's book _____

Color _____

Meal/Food _____

Vacation Spot _____

Place you'd love to live _____

Dessert _____

Bible Verse _____

Bible Story _____

How did you hear about MOPS and why did you decide to come?

My Hero or most inspirational person in my life is and why?

The BEST gift I've ever given or received:

Please feel free to leave any questions blank that you do not wish to answer. Thanks again for your participation!

Mission Statement:

Sharing our "Living Hope" so that Mothers of Preschoolers will find encouragement, support, friendships and answers for their most important role in life... being a Mom!