MEDINA COUNTY

TEXAS A&M UNIVERSITY MOTHER'S CLUB

Membership Form

Mom:(Last)_____(First): _____(Spouse):_____

Are you and/or your spouse a former A&M student? Mom Class of ____Dad Class Of____

Mailing Address: _____

_____

Phone Number: (_____)_____ E-mail:_____

Additional Phone:(_____)_____Home O Cell O Work O

Additional E-mail:_____**Birthday:** _____

New O Renew O If renewing, how many years have you been in Aggie Moms?_____

I would like to help with:

O Officer	O Scholarship Committee	O Photography/yearbook
O Phone Committee	O Refreshments	O Web Site
O Golf Tournament	O Set-up/Clean-up	O Student Care Packages
O Assist with Boutique	O Meeting/Party	O Special Events
List Additional Interest:		

Enter information for additional students on the back of this form

Student: (Last)_____(First)_____

Birth Date: _____ Texas A&M Class Of _____ Current Student: Yes O No O

College Address: _____

_____

Phone Number: (____)_____ E-mail Address:_____

Dorm/Apartment Name:_____

Additional Phone:(_____)_____Home O Cell O Work O

Additional E-mail:_____**Home O Work O**

Annual Dues: $10.00

Please Make Check Payable To: Medina County Aggie Mothers Club

Mail To:
Jean Sexton
P. O. Box 224
D' Hanis, TX 78850

Student: (Last)______________________________(First)______________________________

Birth Date: ____________ Texas A&M Class Of ________ Current Student: Yes O No O

College Address: ____

____

Phone Number: (____)________________ E-mail Address:______________________

Dorm/Apartment Name:____

Additional Phone:(_____)___________________________Home O Cell O Work O

Additional E-mail:______________________________________Home O Work O

Student: (Last)______________________________(First)______________________________

Birth Date: ____________ Texas A&M Class Of ________ Current Student: Yes O No O

College Address: ____

____

Phone Number: (____)________________ E-mail Address:______________________

Dorm/Apartment Name:____

Additional Phone:(_____)___________________________Home O Cell O Work O

Additional E-mail:______________________________________Home O Work O

Student: (Last)______________________________(First)______________________________

Birth Date: ____________ Texas A&M Class Of ________ Current Student: Yes O No O

College Address: ____

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Phone Number: (____)________________ E-mail Address:______________________

Dorm/Apartment Name:____

Additional Phone:(_____)___________________________Home O Cell O Work O

Additional E-mail:______________________________________Home O Work O

Updated August 2008

For Accounting Purposes Only: Membership

Payment Received New Member: ❑ Yes ❑ No Cash________Check________Check #___________

Date:______ Membership Date: ___________ Officer/Committee: _____________________________________