



angel mamas™

Membership / Volunteer / Sponsor Form

Membership Year: January 1, 2010 - December 31, 2010

Membership

Name:	Birth date:
Street Address:	Spouse's Name:
City/State/Zip:	Spouse's Email:
Email:	Anniversary:
Phone:	Childs Name (birth date):
Cell:	Childs Name (birth date):
Company:	Childs Name (birth date):
Job Title:	Childs Name (birth date):
Email:	Trade / Skills:
Phone:	
Please send correspondances to: <input type="checkbox"/> Work <input type="checkbox"/> Home	

Volunteer

We welcome your volunteer involvement on committees and at events, and we encourage you to join us in an area of personal interest. Please mark which committee(s) you are interested in volunteering:

- | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Events | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Nominating |

Sponsorship

- Yes, please send me information about sponsorship opportunities with angel mamas.
- I would like to recommend a ___ company, ___ organization, ___ individual that might be interested in becoming an angel mamas sponsor.

Sponsor Recommendation

Company:
Contact Name:
Phone:
Email:
<input type="checkbox"/> My company gives matching funds for any contributions I make.

Yes, I want to become a 2010 member!

<u>Membership</u> <input type="checkbox"/> \$35.00 Annual Membership Dues	\$35
<u>Additional Donation</u> <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other	
PAYMENT TYPE: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ (payble to angel mamas Inc.)	TOTAL

Mail to: Angel Mamas Inc. • 15240 N. Clubgate Dr., #171 Scottsdale, AZ 85254