

7/23/2022

GOTMO MEMBER APPLICATION

Our organization encourages the participation of members who support our mission. If you agree with our mission and are willing to be an active member with fundraising, community involvement, organization events, and other duties required of members, we encourage you to complete this application. The information on this form will be kept strictly confidential and will not be given to anyone, company or organization.

Thank you for your interest	in Grandparents	On The Move Org	ganization!
Name:			
Address:			
City:	State:	Zip:	
Month/Day of Birth:	Email:		
Phone:			
Any special talents or skills	you have that you	u feel would bene	efit our organization?
Interests: Please tell us in w —— Administrative —— Programs —— Education —— Special Events —— Fundraising —— Transportation —— Childcare —— Donor Seeker	vhich areas you a	re interested in v	olunteering
Please circle days available: Times available: From	Mon Tues Wed	Thur Fri Sat	
In case of emergency contact: As a maintenest. I understand that I will be a maffiliates, cannot assume any responsive arise from being a member or work I plassis, and I am not eligible to receive \$100.00 by October 1st of each year I	ember of our organization member at my own risk ibility for any liability for perform for the organiza any monetary payment	and that the organizat rany accident, injury o ation. I agree that all th	tion, its employees and or health problem which may he work I do is on a volunteer

Membership Applications are also available online at www.gotmo.org under the membership tab.

Please return the membership application to:

Grandparents On The Move, Inc P.O. Box 942 Sterling Heights MI 48311

Or

Email:

gotmo@gotmo.org

Thank you for your interest in Grandparents On The Move and someone from our organization will be in touch with you soon.