

## Terms and Conditions of Membership

1. Mission Statement: “*At Home Mothers Connection* is a non-profit support group for mothers who have chosen to primarily care for their children at home. This includes full-time, at-home mothers, mothers who work part-time, mothers with a home-based business or those who work from home in some capacity. Our focus is to support women through the many stages of parenting during their at home years through meetings, activities and playgroups. *At Home Mothers Connection* is not a replacement for medical or psychological care”. Members agree to support, abide by, and avoid actions in contravention to the foregoing mission statement.
2. Waiver of Liability; Indemnification: Member acknowledges that membership involves participation in a variety of activities at a variety of locations, including the households of other members. Member hereby waives any and all rights, claims or actions against the organization, its officers and/or directors, or any other member for injury or damage to their person or property which arise or may arise out of participation in such activities. Member releases and forever discharges the organization, its officers or directors, and all other members from any and all claims, demands, actions, causes of actions, or suits of any kind resulting from or relating to participation in organization sponsored activities. Member hereby agrees to indemnify the organization, its officers and directors, and its members, and hold them harmless from and against any and all demands, claims, actions, losses and expenses resulting from the conduct of member during any organization sponsored activities.
3. Member Participation: *At Home Mothers Connection* is a volunteer interactive support group. Members are free to attend any and all activities as desired as their schedule allows. In order for the group to operate successfully, it is necessary for each member to volunteer some of her time to host activities, as well as help out in some capacity with group operations during membership. Member hereby acknowledges and agrees to assist as needed and as she is able.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact us with any questions. If you decide to join, please send the completed membership form with a \$25 check (Please do not send cash) written to:

**At Home Mothers Connection**  
**PO Box 275**  
**Hockessin, DE 19707**

## MEMBERSHIP APPLICATION AND AGREEMENT

On this day, the below named Membership Application hereby applies for admission as a Member to At Home Mothers Connection, Inc. , a non-profit corporation and, upon acceptance by the organization, agrees to be bound by the terms and conditions of membership contained herein, in the certificate of incorporation and in the bylaws of the organization.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

YOUR BIRTHDAY (MONTH/DAY): \_\_\_\_\_

CHILDREN NAMES, BIRTHDAYS AND AGES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_

*In order for the group to operate successfully, members are asked to volunteer in areas which appeal to them. Please check all that apply. We will contact you as needed. Thank you and Welcome!*

\_\_\_ Newsletter

\_\_\_ Activity Planning

\_\_\_ Member Needs

\_\_\_ Playgroup Coordination

\_\_\_ Community Service

\_\_\_ Marketing/Public Relations