

Like Minded Moms, LLC
 146 N Hamilton Rd, #115, Gahanna, OH 43230
 Phone: (614) 557-1721 Fax: (866) 521-0873
Membership Application

Date:		
Name:		
Company Name:		Title:
Day Phone:	Evening Phone:	Fax:
Street Address:		
City:	State	Zip:
Email Address:		
Website:		
Will you require childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many children? Ages:
Type of product/services offered:		
What type of sales leads would be good for you?		
I would like to volunteer for: <input type="checkbox"/> Publicity <input type="checkbox"/> Membership <input type="checkbox"/> Speaker Selection <input type="checkbox"/> Event Planning <input type="checkbox"/> Meeting <input type="checkbox"/> Other		
I can offer members the following discount:		
Referred by:		

I approve my name, company name, phone number, email, and website on the LMM website member directory.

Please indicate your payment preference below

Membership Options

	Yearly	I agree	Quarterly	I agree	Monthly	I agree
Member no children	\$125.00		\$35.00		\$12.00	
Member w/ 1 child	\$161.00		\$45.00		\$16.00	
Member w/ 2 children	\$197.00		\$55.00		\$20.00	

I am joining the _____ Chapter.

I agree to pay a one-time, nonrefundable, membership application fee of \$20.00

Credit/Debit Card:

Visa MasterCard American Express Discover

 Credit Card Number Exp. Date Code

 Print cardholder's name as it appears on the card

Credit card billing address (required for approval of charges):

Please Sign Below to Authorize These Charges:

 Signature of Cardholder

Like Minded Moms will only accept a credit/debit card for membership dues. No check please unless paying for yearly dues.

Member Profile Sheet

Fax to 866.521.0873 or give to your local director

Your Name: _____

Member Bio (1 – 2 paragraphs): _____

Business Bio (1 – 2 paragraphs): _____
