Project Single Moms™

It's about a hand up, Not a hand out.

MEMBERSHIP APPLICATION

My Daughter's Keeper Worldwide
1086 Livingston Avenue, Suite 2
North Brunswick, NJ 08902
P: (732) 565-9313 – F: (732) 565-1019

Name:	Birthdate: Mo: Day: Year:
Mailing Address	
City, State & Zip Code:	
Country:	
Phone Number:	Home: Work: Cell:
Email Address:	
Employer's Name:	
Are You a Single Mom?	□ Yes □ No
How long have you been a single mom?	____Years No. of Children Under 18? _____ No. of Children Over 18?____
Do you receive child support?	□ Yes □ No
Are you a homeowner?	□ Yes □ No
Ethnicity:	□ Black □ White □ Hispanic □ Asian □ Indian □ Other_____
Marital Status:	□ Married □ Divorced □ Single □ Widowed □ Engaged
Membership Type:	□ Single Mom □ Single Teen Mom □ Non-Single Mom
Referred by:	
Membership Committee Choice(s):	☐ Finance ☐ Investors Education ☐ Professional Dev. ☐ Employment & Entrepreneurship ☐ Parent Support & Education ☐ Special Events ☐ Communications ☐ Membership ☐ Homeownership ☐ Leadership Development ☐ Education ☐ Community Service ☐ Health & Wellness ☐ Mentoring/Coaching
Are you interested in being a Local or Regional Coordinator?	□ Yes □ No
My greatest need today is:	☐ Financial ☐ Getting Out of Debt ☐ Creating Balance in My Life ☐ Obtaining Homeownership ☐ Going back to school ☐ Other, specify:_____ ☐ Starting/Growing a Business ☐ Health & Wellness ☐ Spiritual Awareness ☐ Finding True Love
Briefly tell us what you need from Project Single Moms and what you would like to contribute to the movement	