



Mothers In Charge • 1415 North Broad Street • Suite 229 • Philadelphia, PA 19121 • (215) 228-1718

MOTHERS IN CHARGE MEMBERSHIP FORM

(Please print clearly and mail to the PO Box above)

Mr. Ms. Mrs. _____

Home Address _____ Phone (____) _____

City _____ State _____ Zip _____

E-Mail Address _____ Phone (____) _____

Employers Name: _____ Work (____) _____ ext. _____

Skills: _____

Membership Choice:

I would like to be a MIC member Supportive member on the mailing list

Select which of the committees you would like to join:

Faith based Membership Grief Support Violence Prevention

MIC office Public Policy Law Public Relations Parent/Family Support

Days Available: _____ Times Available: _____

If you have lost a loved one to violence, please provide the information below:

Lost loved one's full name: _____ Gender: Male / Female

Date of Birth: _____ Date Murdered: _____

School he/she attended (if applicable): _____

Additional information you would like to share: _____

