



# Membership Form



Detroit Parent Network, 7375 Woodward Ave., Suite 1100 Detroit, MI 48202  
Phone: 313-832-0617 Fax: 313-309-1451 www.detroitparentnetwork.org

DATE \_\_\_\_\_  NEW MEMBERSHIP  RENEWAL MEMBERSHIP

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip 48\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Age (check all that apply)  0-5  6-9  10-13  14-17

My child(ren) attend:  Public School  Charter School  Private/Religious School  Home School

Will you be attending the 2011 Annual Breakfast?  
 YES  NO

### Annual Membership Options

*We ask that all members donate \$5 and give 5 hours of volunteer service.*

Bronze - General Membership..... \$5.00

Silver - General Membership and Support for Parenting Workshops..... \$15.00

Gold - General Membership and Support for Parent Leadership Training..... \$25.00

Platinum - General Membership and Support for Achievement Gap Campaign..... \$50.00

Cash (enclosed)

Check (enclosed)

*Please make checks payable to Detroit Parent Network*

*I give DPN permission to videotape and/or take photos of my family and myself to use for informational purposes and/or promotion of DPN programs.*

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

### I would like to receive information about:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Schools/Education            | <input type="checkbox"/> Budget/Finances          | <input type="checkbox"/> Community Resources        |
| <input type="checkbox"/> Parenting/Child Development  | <input type="checkbox"/> Problem Solving          | <input type="checkbox"/> Child Discipline           |
| <input type="checkbox"/> Support groups               | <input type="checkbox"/> Grief & Loss             | <input type="checkbox"/> Fatherhood Issues          |
| <input type="checkbox"/> Stress/Anger Management      | <input type="checkbox"/> Health Issues            | <input type="checkbox"/> GED/Adult Learning/College |
| <input type="checkbox"/> Drug Prevention/Intervention | <input type="checkbox"/> Youth Programs/Events    | <input type="checkbox"/> Single Parenting           |
| <input type="checkbox"/> Job Networking/Training      | <input type="checkbox"/> Leadership Opportunities | <input type="checkbox"/> other _____                |

List any personal interests/hobbies \_\_\_\_\_

Other skills that you can offer \_\_\_\_\_

Volunteering: \_\_\_\_\_

Referred By: \_\_\_\_\_ Registered By: \_\_\_\_\_

INTERNAL USE ONLY	
EVENT	_____
DATE RCV'D	_____
DATE ENTERED	_____
HP	_____