

Grandmothers Group Registration Form



Group Name: _____

City (where your group is based): _____ Province/State: _____

Primary Contact: _____ Alternate Contact: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Group Description (200 words or less):

Is your group open to new members? Yes No

How many members are currently in your group? _____

Can we share your contact information with other groups and potential new members? Yes No

Does your group have a Facebook page or website? Yes No

If yes, please provide the contact information you would like us to share:

Name: _____ Phone: _____

Email: _____

Please see reverse for group membership list.

