

MOM Club

Multiples of the Midlands

(formerly known as The Greater Columbia Area Mothers of Twins Club)

Membership Form

Personal Information

Name: _____ Birth Date: _____
 Spouse's Name: _____ Spouse's Birth Date: _____ Anniversary: _____
 Address: _____ Email Address: _____
 City, Zip: _____ Home Phone: _____
 Do you work outside the Home? _____ Cell Phone: _____
 Do you work From home? _____ Occupation: _____
 Occupation before Children? _____ Spouse's Occupation: _____
 How did you hear about Multiples of the Midlands? _____

Children's Information

(types: Fraternal, Identical, Not sure, Singleton)

Name	Birthdate	Gender	Multiple		Type	Comments
	/ /	M F	Yes	No	F I N S	
	/ /	M F	Yes	No	F I N S	
	/ /	M F	Yes	No	F I N S	
	/ /	M F	Yes	No	F I N S	
	/ /	M F	Yes	No	F I N S	

Are you currently expecting? How Many? _____ Sex (if known): _____ Due Date: _____

Is there anything else about you or your family that you would like us to know?

Our membership year begins in August. Dues are \$25 and include a subscription to our monthly newsletter, as well as membership to the Palmetto State Parents of Multiples (PSPM) and the National Organization of Mothers of Twins Club (NOMOTC). Dues are prorated to \$20 if you join January through March, and dues are not collected if you join April through June. Please make check payable to Multiples of the Midlands. Bring your check and form (if completed on paper) to the meeting or mail to:

Amy Ruple
 105 Pebble Creek Dr
 West Columbia, SC 29170

amylong@yahoo.com

Club Use Only:

Date of 1st Meeting: _____

Date Joined Club: _____

Payment: \$ _____ Cash or Check# _____