

## 2020 St. Cloud Area MOMs Membership Form

Annual Dues for the St. Cloud Area Mothers of Multiples Club are \$30 per calendar year. Please fill in this form as completely as possible. The checklist at the bottom is used for statistics only and will remain anonymous. The information provided in the top section of this form will be made available in our club directory.

MOM's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Husband/Father \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Workplace \_\_\_\_\_

Husband's Occupation \_\_\_\_\_ Husband's Workplace \_\_\_\_\_

Multiples Names \_\_\_\_\_ Birthdate \_\_\_\_\_

Siblings Names \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

Please check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Identical Girls   | <input type="checkbox"/> Boy/Girl Twins                     | <input type="checkbox"/> Fraternal Boy/Boy/Girl      |
| <input type="checkbox"/> Identical Boys  | <input type="checkbox"/> 2 Identical Girls/1 Boy            | <input type="checkbox"/> Fraternal Boy/Girl/Girl     |
| <input type="checkbox"/> Fraternal Girls   | <input type="checkbox"/> 2 Identical Girls/1 Fraternal Girl | <input type="checkbox"/> Loss of One / More Multiple |
| <input type="checkbox"/> Fraternal Boys  | <input type="checkbox"/> 2 Identical Boys/1 Girl            | <input type="checkbox"/> Multiples Adopted           |
| <input type="checkbox"/> Child / Children with Challenges / Special Needs (Please list: _____) |   |  |

\*PLEASE NOTE: As of February 2020 the club newsletter will only be available via the Members Only Facebook group. It will no longer be emailed. Please bring this form to a meeting or mail it with a \$30.00 check (payable to "St. Cloud Area MOMS") to:

St. Cloud MOMs

P.O. Box 7825

St Cloud, MN 56302

Dues Paid

Date Paid: \_\_\_\_\_

Seller Number \_\_\_\_\_