



Membership Form 2009-2010

Welcome to Northland Mothers of Multiples (NMOM)! This club was to support you and other Mothers of Multiples. Feel free to call upon us anytime!

Join Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthdate: _____ Spouses Name: _____

Multiples Names: _____ DOB: _____

Other children in the family:

Child name: _____ DOB _____ Child name: _____ DOB _____

Child name: _____ DOB _____ Child name: _____ DOB _____

How did you hear about NMOM?

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Hospital | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Internet search | <input type="checkbox"/> Other |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> National or State club | |
| <input type="checkbox"/> Fertility Specialist | <input type="checkbox"/> Club member | |

Volunteer Opportunities:

Would you be interested in getting more involved, serve on or chair a committee?

- Yes Maybe later No

If yes or maybe later, check what areas you may be interested in. Check as many as you like.

- | | |
|--|--|
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Library resources |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Graphic Design or Web | <input type="checkbox"/> Monthly Programming |
| <input type="checkbox"/> Hostess (meeting food prep) | <input type="checkbox"/> Play date scheduling |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Other talent/skill: _____ |

Special Interest Topics: Are there any topics you would like to see in our monthly programs:

**Membership dues are \$35 annually. Dues are payable by cash or check to NMOM.
Or, join online at www.kcnorthlandmoms.com.**