

# Lake Cities Mothers of Multiples (LCMOM)

## Prospective Member / Member Information Sheet

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone H: (\_\_\_\_\_) \_\_\_\_\_ C: (\_\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date (Day/Month): \_\_\_\_ / \_\_\_\_

[Current / Former] Vocation: \_\_\_\_\_ Spouse's Vocation: \_\_\_\_\_

Special Interests/Talents?: \_\_\_\_\_

### Your Multiples:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F Identical / Fraternal Weight: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F Identical / Fraternal Weight: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F Identical / Fraternal Weight: \_\_\_\_\_

*IF EXPECTING:* Due Date (if pregnant): \_\_\_\_\_ Sex of Babies (if known): \_\_\_\_\_

### Other Children:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Are you new to the area?:  Yes  No

Would you like playgroup information?:  Yes  No

Preferred method of communication?:  email  Phone  Mail  Any

In regards to joining LCMOM:  I am interested in joining now  I will decide if I want to join later

Meetings are typically held on the 3<sup>rd</sup> Tuesday of the month. Do you think you will be able to attend:

Most of the time  Occasionally  Not often? (*Note: attendance is not mandatory for club involvement*)

How did you hear about LCMOM? \_\_\_\_\_

What do you hope to get out of LCMOM? \_\_\_\_\_

Do you need any immediate assistance with anything? (*i.e. doctor's names, pregnancy questions, newborn questions, development questions, etc.*) \_\_\_\_\_

Are there any topics you would be willing to be a resource for members with questions? (*i.e. reflux, bed rest, premature babies, asthma, development delays, etc.*) \_\_\_\_\_

Would you be willing to?:  Help with a special event? \_\_\_\_\_

Serve on the board? \_\_\_\_\_

Serve on a committee \_\_\_\_\_

Lead a playgroup? \_\_\_\_\_

*For Membership Processing Only:*

Date Received \_\_\_\_\_ Processing Date \_\_\_\_\_ Payment \_\_\_\_\_