

# 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?: [E-Mail / 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?..... [Yes/No] Serve on the board?..... [Yes/No]

Serve on a committee..... [Yes/No] Lead a playgroup?..... [Yes/No]

**Return form to:** LCMOM – Membership  
PO Box 92784  
Southlake, TX 76092

-or- email to [vpmembership@lcmom.org](mailto:vpmembership@lcmom.org)  
-or- bring with you to an LCMOM meeting

*For Membership Processing Only:* Date Received \_\_\_\_\_ Processing Date \_\_\_\_\_ Payment \_\_\_\_\_