

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 3rd Tuesday of the month. Do you think you will be able to attend:

Most of the time Occasionally Not often? (*Note: at tendance 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 _____