



Membership Form

Personal Information

Name: _____ Birth Date: _____

Spouse's Name: _____ Spouse's Birth Date: _____ Anniversary: _____

Address: _____ Email Address: _____

City, Zip: _____ Home Phone: _____

Do you work outside the home? _____ Cell Phone: _____

Do you work From home? _____ Occupation: _____

Occupation before Children? _____ Spouse's Occupation: _____

How did you hear about Multiples of the Midlands? _____

Children's Information (**types: Fraternal, Identical, Not sure, Singleton)

Name	Birthdate	Gender	Multiple?	Type**	Comments
	/ /	M F	Yes No	F I N S	
	/ /	M F	Yes No	F I N S	
	/ /	M F	Yes No	F I N S	
	/ /	M F	Yes No	F I N S	
	/ /	M F	Yes No	F I N S	

Other Information

Are you currently expecting? _____ How Many? _____ Sex (if known): _____ Due Date: _____

Social Media Usernames (if different than name): _____

Hobbies/ Special Interests: _____

Educaion/Training: _____

Is there anything else about you or your family that you would like us to know? _____

Our membership year begins in August. Dues are \$25 and include a subscription to our monthly newsletter, as well as membership to the Palmetto State Parents of Multiples (PSPM) and the National Organization of Mothers of Twins Club (NOMOTC). Dues are prorated to \$20 if you join January through March, and dues are not collected if you join April through June. Please make check payable to Multiples of the Midlands. Bring your check and form (if completed on paper) to the meeting or mail to: Brooke Biery 3318 Northshore Rd Columbia, SC 29206 brookebiery@gmail.com

Club Use Only: Date of 1st Meeting: _____ Date Joined Club: _____ Payment: \$ _____ Cash or Check# _____