



DAMOM

Membership Application

Annual dues for Denton Area Mothers of Multiples are typically paid in July at installation dinner. Our membership year runs August 1 – July 31. Dues paid prior to July 31st are \$30. Members joining after July 31st will pay a prorated fee (\$9 for NOMOTC, \$1 for TMOM and \$2 for each month remaining in the membership year). Honorary membership is extended to all new and expecting parents until 3 months after the multiple's births. DAMOM membership entitles you access to our website, Yahoo! group, club communications, participation in all club activities and functions, as well as membership to the National Organization of Mothers of Twins Clubs (NOMOTC) and the Texas Mothers of Multiples (TMOM). NOMOTC publishes a bi-monthly newsletter which is also included in your dues. Please make your check payable to DAMOM and mail it to: Denton Area Mothers of Multiples, P.O. Box 51464, Denton, TX 76206.

Member Information

Last Name	First Name
Home Phone	Cell Phone
Birth date	
Address	
E-mail	
Occupation	Company
Work Phone	Work E-mail
Spouse's Name	Spouse's Birth date
Spouse's Occupation	Spouse's Company
<input type="checkbox"/> YES <input type="checkbox"/> NO It is okay to publish my birth and personal information in the newsletter and member directory. <i>This information is not distributed to anyone other than club members or those affiliated with DAMOM (i.e. doctors, sponsors)</i>	

References

OB/GYN	Phone
Address	
We will send your OB/GYN club information unless you circle no.....NO	
Pediatrician	Phone
Address	
We will send your pediatrician club information unless you circle no.....NO	

Children

I have: <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads	Birth date	
Gender of multiples: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male and Female		
Multiples twin-type: <input type="checkbox"/> Unknown <input type="checkbox"/> Fraternal <input type="checkbox"/> Identical <input type="checkbox"/> Both Fraternal and Identical		
Length of Gestation: _____ Weeks _____ Days		
Children's Names	Gender	Birth date
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Nanny, Babysitter, Night Nurse

Name	Phone
Type of service provided	
Name	Phone
Type of service provided	

Twin Sister

Are you interested in being paired up with either of the following (check all that apply)

Big Sister

Little Sister

Talents, Hobbies and Interests . . .

Do you have talent that you can share with DAMOM? Do you enjoy photography, writing, editing or have great computer skills? Do you enjoy reading or organizing and putting on parties and events? Do you have experience in fund raising and accounting? Please list three talents that you can share with DAMOM.

Club Activities

In order to provide club activities and services, we need the participation of all our members. Please circle any of the committees you are interested in working with. If you would like more information about a committee, contact the committee ChairMOM or and BoardMOM.

Newbies	Meeting Hospitality	Hospitality Meals
Socials	MOM Madness	Newsletter
Community Service	Scrapbook	Advertising
Fundraising	Chaplin	Research
Library	Playgroups	Website

Please use the following space to list anything we can help you with or any questions/suggestions you may have:

Liability Release

You have my permission to include the above information in the DAMOM directory, which will be distributed to DAMOM members only. DAMOM has my permission for photos or videotapes of the DAMOM activities or programs to be reproduced for promotional purposes. I, the undersigned, understand that my participation and the participation of any members of my family in any DAMOM activity or program, is completely voluntary, and we hereby give permission for myself and my family to join in those activities or programs. My family shall hold DAMOM harmless as well as any club volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accidents, illness or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

All members must have the above liability released signed and filed with DAMOM prior to attending any activities or programs.

Member signature

Date

MEMBERSHIP USE ONLY

Check #

Amount

Date Paid